

The background of the entire page is a close-up, slightly blurred image of the American flag. The stars and stripes are prominent, with the blue field of stars in the upper left and the red and white stripes curving across the frame.

M.O.V.E.

Weight Management Program for Veterans

Contributors: MOVE National Program
MOVE Staff

MOVE Intensive Syllabus

	TOPIC	PRESENTER
Week 1	Food Journal Instruction Label Reading MOVE Lifestyle	Dietitian Psychologist
Week 2	Food Groups	Dietitian
Week 3	Goal Setting/Motivation Stages of Change Graphs (MOVE Health Tech)	Psychologist
Week 4	Medical Weight Management Medical Measurements Medication/Diet Pills Graphs (MOVE Health Tech)	Physician
Week 5	Eating Out Healthy Shopping	Dietitian
Week 6	Disordered eating Exercise/activities	Physician
Week 7	Bariatric Surgery	Physician
Week 8	MOVE Lifelong Classes Jeopardy Summary Review Graphs (MOVE Health Tech)	All

8-Week MOVE Group Class Ground Rules

- **Check-in process:**
 1. Arrive 20 minutes early to grab a number at the information booth,
 2. Wait for number to be called to check in
 3. Go straight to the classroom once you have checked in
- **Must be on time:**
 1. Weigh in first otherwise you will be considered a **NO SHOW**,
 2. If you are more than 15 minutes late then you are a **NO SHOW**.
- **Weigh-in FIRST:**
 1. Consistent clothes and shoes
 2. Quickly-others are waiting behind you
 3. Start versus week 1
- **MOVE Intensive Manuals**
- **Silence cell phones.** If you must take a call, step out of the room.
- **Avoid private conversations** during the class – this is disruptive to others.
- **Personal medical history:** Do not disclose in class.
- **Avoid skipping meals** prior to weigh in.
- **90 min class:** stretch break midway.
- **Co-Pay/Travel Pay**
- A **support person** may attend with you if space allows (ask MOVE team)
- **Difficulties meeting goals, have individual needs:** let the instructor know
- **Food journals:** Must submit each week
- **Suggestions?** Please jot down ideas an evaluation will be given on week 8.

Losing Weight-What to Expect

Goals of MOVE Program

Lose 5-10% of weight within 6 months

Example: if you weigh 300 lbs, then lose 15-30 lbs, at 1-3 lbs per week

Lose more than 10% of weight at ½ lb to 2 lbs per week

Example: if you weigh 300 lbs, then lose 30 lbs

Exercise 60 minutes per day at a moderate level 5-7 days per week

Begin at slightly more than current time and level of activity, work your way up

Find pleasure in sources other than food

Become more energetic, happier, increase self esteem, and feel more in control

Make permanent lifestyle changes that you are comfortable with

Recommendations

Weight loss ½ lbs -2 lbs per week

Drink 2 Liters of WATER every day

Drink water in addition to tea, coffee, diet soda (minimize artificial additives and sweeteners)

Take a multiple vitamin mineral supplement daily-Any brand

Take a fiber supplement daily

Example: Metamucil, Citracel, or Fibercon per label directions

Take a calcium supplement daily

Example: Tums 500 mg/day or Calcium/Vitamin D

Potential Side Effects of Weight Loss

SYMPTOM	POSSIBLE CAUSE	WHAT TO DO
Shaky Lightheaded Nervous Weak Bad breath Nausea Poor sleep Heart racing	Low blood sugar Too little water Losing weight too quickly Low blood pressure Caffeine, some herbal teas and supplements Thyroid disorder or too much thyroid medication	Finger stick for blood sugar Eat a few bites of a healthy snack May need to convert to 5-6 very small meals per day Drink more water Less coffee, tea, soda May need medication adjustment – see a doctor or pharmacist

SERIOUS: (seek medical attention) if glucose <60, passing out, vomiting, cold sweats, shortness of breath at rest, or chest pains at rest

SYMPTOM	POSSIBLE CAUSE	WHAT TO DO
Bowel changes Constipation Diarrhea Bloating gas	Too little water Adjusting to fiber Adjusting to diet changes Lactose (dairy) intolerance Less food volume Medication	Add more fiber Add more water Eliminate offensive foods Allow 1-2 weeks for diet to adjust

SERIOUS: (seek medical attention) abdominal pain persists after bowel movement, abdominal cramps persist after bowel movement, no bowel movement in more than 5 days, blood in stool, fever, vomiting

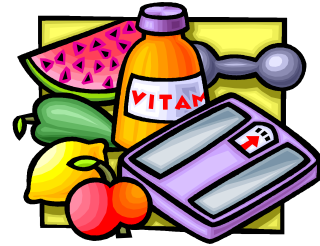
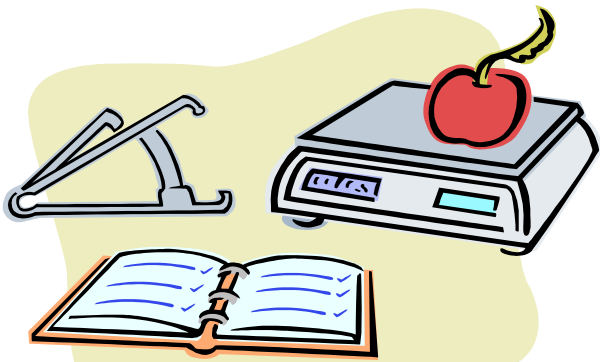
SYMPTOM	POSSIBLE CAUSE	WHAT TO DO
Poor sleep restlessness	Too few calories Stimulants Too much TV viewing Not enough exercise Restless leg syndrome	Increase lean protein Bedtime snack of yogurt, milk, few nuts Less coffee/tea/soda Stretch before going to bed Do NOT exercise within 30 minutes of bedtime Keep feet and legs warm Relaxing activity before bed Discuss restless legs with your doctor

SERIOUS: (seek medical attention) withdrawal from alcohol, medication, illegal drugs

SYMPTOM	POSSIBLE CAUSE	WHAT TO DO
Leg pain cramps	Too little water Loss of electrolytes from exercise and sweating Circulation problems Too much standing Overuse Restless leg syndrome Estrogen / menopause	Stretch before bed Increase water Adjust exercise / activity level Eat fruit, drink juice Supplement calcium, magnesium, potassium Take Tylenol Ask your doctor about restless legs, circulation problems
SERIOUS: (seek medical attention) swelling, redness, excess leg warmth, rash, tender swollen joints, injury to leg		

SYMPTOM	POSSIBLE CAUSE	WHAT TO DO
Binge eating Eating out of control Vomiting Taking laxative after overeating Hiding food Eating secretively	Food deprivation – excess hunger Eating disorder	Talk with a behavior specialist – your doctor, social worker, or mental health specialist Don't deny yourself favorite food, just eat less of it, less often Avoid eating alone if possible
SERIOUS: (seek medical attention) Intentional vomiting or using laxative to compensate for overeating. Hiding or eating foods secretively. Eating large quantities of foods out of control when you are not hungry.		

- Report any serious condition to your doctor immediately, or call 911.
- The MOVE team is here to serve you, but we are available only at Northwest Clinic at this time.
- Call 636-6320 and leave a message for RN Laak or Dr. Ferguson if you have questions or problems.



Week 1 Food Journal Label Reading



DON'T SAY DIET

You are not going on a diet and there is no such thing as a bad food. That might sound unbelievable, if you've spent a lifetime battling the scale. We have designed a eight week weight management program to teach you the basics of healthy eating and the secrets to long-term weight control. All of you fight a different battle in weight control and it may be harder for some of you to lose weight than others, but weight loss is not impossible for anyone. Throughout the next eight weeks we are your support system. Our job is to teach you the facts, but *it is up to each of you put the facts into practice*. Diet is considered a bad word in our program. You all are on the road to lifestyle changes. Here are some reasons to support our "Don't Say Diet" rule.

FIVE REASONS DIETS FAIL

- **The wrong motivation** – Many dieters aim to lose weight for a parent, friend, or spouse. Many of you have aimed to lose 20 lbs for a special event such a wedding or class reunion. This motivation is usually short-lived and doesn't produce lasting results. A better motivation for weight loss is to promote good health, improve diabetes control, or lower your cholesterol levels.
- **Weight** – Weight control is not just the numbers on the scale, but includes a change in eating and exercise habits. Your weight can fluctuate 2-3 lbs in one day just based on fluid intake.
- **Time limits** – Setting goals to lose 10 lbs in 2 weeks almost guarantees you'll gain it back. You didn't gain your extra 50 lbs over a short period of time and you're not going to lose it over a short time. Weight control involves a permanent change in your eating and exercise habits.
- **Fads** – This involves picking any diet plan that results in weight loss. Fad diets are usually very restrictive. If you feel deprived or restricted, it's a guarantee you're going to fall back into your old habits. A healthy well-balanced meal plan that incorporates your favorite foods is essential for long-term weight control.
- **Ignoring exercise** – Exercise not only burns calories, but it also speeds up your metabolism. Studies show that people who exercise regularly have better long term weight control. Too many dieters ignore activity and focus on just food restrictions.

HOW DO I LOSE WEIGHT

Calories are the first key to weight loss. A calorie is a measure of energy referring to the amount of energy in your food. Calories come from the fat, carbohydrate, and protein in your foods. Carbohydrate, fat, and protein are the three energy sources in your food. You could eat 5,000 calories of a fat-free or carbohydrate-free diet and gain weight, whereas eating 1,800 calories balanced between carbohydrate, fat, and protein is the key to weight loss. Cutting calories is key to weight loss, but the role of exercise and activity must not be forgotten. Activity helps burn calories and also helps speed up metabolism.

HEALTHY WEIGHTS

There is a lot more to determining a healthy weight than just stepping on a scale. Each participant will develop a realistic weight goal with a registered dietitian.

Abdomen-to-hip measurements, mirror checks, and how your clothes fit are all part of achieving a healthy weight.

FACTS

3,500 Calories = 1 pound of fat

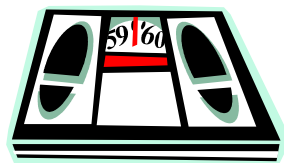
If you eat an extra 3,500 calories beyond what your body needs, you will gain 1 pound

Example – Your body needs 2,000 calories each day to function. You are eating 2,500 calories a day. There are 7 days in 1 week and you are eating 500 calories more than what your body needs each day. $500 \text{ calories} \times 7 \text{ days a week} = 3,500 \text{ calories}$. This extra 3,500 calories is what caused you to gain a pound last week.

To lose weight – Eat 500 calories less each day

CALORIES

An individualized calorie meal plan will be provided for each participant. Your calorie level will be determined based on your height, weight, and activity level. Each participant will be provided a seven-day menu to follow for the first two weeks of the program. It is very important that participants follow the set menu to promote their initial weight loss. You will soon learn the calorie content of your favorite foods and how to incorporate them into your daily diet. The following menus are balanced between carbohydrate, fat, and protein and you will be following a _____ calorie meal plan.



Keeping a Food Journal

Keeping a food journal will help you to become aware of what and how much you are eating. Most people have no idea how much they are eating. A food journal will be used to help you track your eating habits. Learning your eating habits can help you find ways to cut calories and lose weight. Keeping a food journal also indicates a commitment to weight loss.

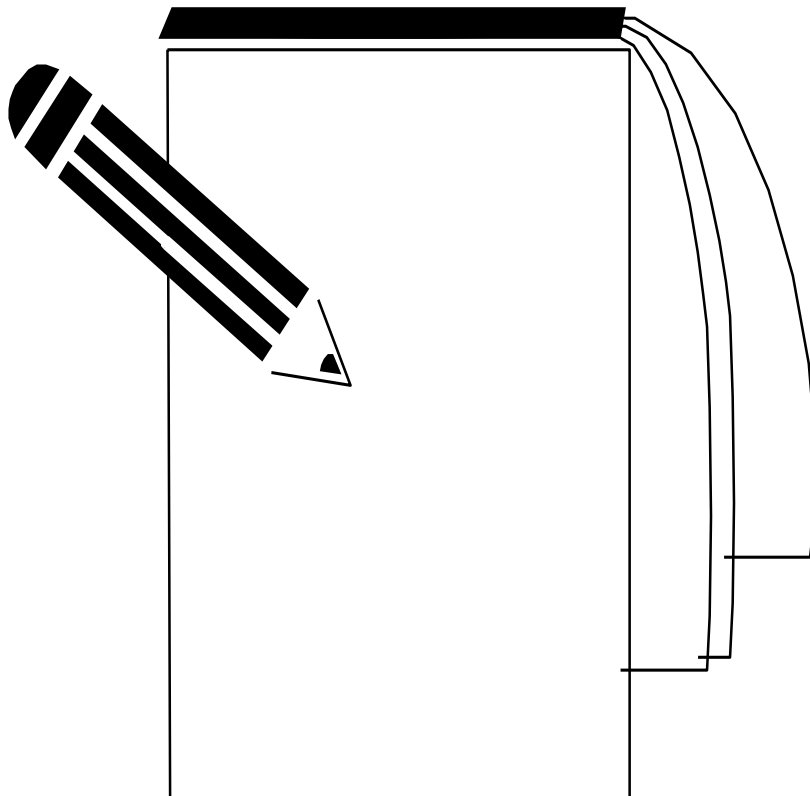
Hint # 1 – Draw a line between meals and snacks to separate eating times

Hint # 2 – Record your food intake immediately after you eat

Hint # 3 – Measure portions of the foods you record

Hint # 4 – Keep your food journal in the same spot

Hint # 5 – Make keeping your food journal a priority



Pros:

- Helps you take a look at the whole picture
- Provides historical information
- For some, easier than looking up all of the nutritional information for each product

Cons:

- Less accurate than reading food label
- You may forget to put in everything that you eat
- For some, navigating through menus can be challenging

Free Online Food Journals

<http://www.fitday.com/> (Basic membership. Their premium membership charges a fee)

<http://www.thedailyplate.com/>

<http://www.myfitnesspal.com/>

<http://www.sparkpeople.com>

<http://caloriecount.about.com>

<http://www.my-calorie-counter.com/nutri diary.com>

<http://accucheck.com> (meal maker)

<http://www.mypyramidtracker.gov/>

<http://www.fatsecret.com/>

Online Food Journals that charge a fee

<http://www.myfooddiary.com>

<http://www.calorieking.com>

Calorie Counters

<http://nutritiondata.self.com/>

<http://www.calorieking.com/foods/>

<http://calorielab.com/index.html>

FOOD JOURNAL

Date _____ **SMTWTFSS**

SMTWTFs

16

[illegible]

EXERCISE:

How do I feel today?

Totals:



Serving Sizes

Use familiar objects to judge a single serving size.

½ cup vegetable
½ cup cooked pasta
½ cup of beans
1 small baked potato

Computer mouse



1 medium piece of fruit

Tennis ball



1 cup of raw vegetables
1 cup dry cereal
1 cup of lowfat yogurt or milk

Baseball or your fist



1 small bagel

Hockey puck



1 small (4-4 ½ inch) pancake

CD



2 ounces of cheese

Pair of dice



2-3 ounces of meat, poultry or fish

Deck of cards or the palm
of your hand



LABEL READING

Knowing how to read food labels on packaged foods can help you build better eating habits. Here is a list of the features you will find on a food label and how you can use the information to make healthful food choices.

Nutrition Facts			
Serving Size: 1 cup			
Servings per Container: 2			
Amount Per Serving:			
Calories: 90		Calories from Fat: 30	
			% Daily Value
Total Fat 3 g			5%
Saturated Fat 3g			5%
Unsaturated Fat 0g			0%
Trans Fat 0g			0%
Cholesterol 0 mg			0%
Sodium 300 mg			13%
Total Carbohydrate 22g			4%
Dietary Fiber 3g			12%
Sugars 3g			
Protein 3g			
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:			
	Calories:	2,000	2,500
Total Fat	Less than	65 g	80 g
Sat Fat	Less than	20 g	25 g
Cholesterol	Less than	300 mg	300 mg
Sodium	Less than	2,400 mg	2,400 mg
Total Carbohydrate		300 g	375 g
Dietary Fiber		25 g	30 g
Calories per gram:			
Fat 9 ▪ Carbohydrate 4 ▪ Protein 4			

- **SERVING SIZE:** The serving sizes on the label are supposed to be based on how much people actually eat. All of the nutrition information listed on the label applies to one serving. Remember that a package may contain more than one serving.
- **CALORIES:** You will find the number of calories in one serving. There are 180 calories in one package of the above product.
- **FAT:** You will find the number of fat grams in one serving. Total fat is important to watch, but saturated fat is very important since this is the “bad” fat that can raise blood cholesterol. Labels show the different types of fat because diets low in saturated fat and cholesterol may decrease the risk of heart disease.

Your goal is to limit fat to 30% of total calorie intake, or 3g per 100 calories.

- **CHOLESTEROL AND SODIUM:** You will find the amount of cholesterol and sodium in one serving. Cholesterol amounts are important for anyone concerned about their health. High levels of cholesterol may lead to heart disease. Sodium (or salt) levels are important to monitor if you have high blood pressure or heart problems. Your goal is to have no more than 2000-2400 mg sodium daily.
- **TOTAL CARBOHYDRATE:** You will find the amount of total carbohydrate in one serving. There are sections under total carbohydrate listed as dietary fiber, sugars, and other carbohydrates. Fiber is the most important section under total carbohydrate.

You should try to eat 20-35 grams of fiber daily.

- **PROTEIN:** You will find the amount of protein in one serving. Foods from animal products are of the highest quality.
- **VITAMINS AND MINERALS:** The Food and Drug Administration (FDA) requires only vitamins A and C, iron, and calcium on the label. The FDA feels these four vitamins and minerals are important in order to maintain a healthy diet and because they are most often lacking in the American diet.
- **INGREDIENT LIST:** Any food made with more than one ingredient must have an ingredient list on the label. They must be listed in descending order by amount. For example, if sugar is listed as the first ingredient, the product contains more sugar than any other ingredient.

Aim to avoid foods with sugar as one of the first 3 ingredients

Ingredients: Whole Wheat, Raisins, Wheat Bran, Sugar, High Fructose Corn Syrup, Salt, Malt, Flavorings

Ingredients: De-germed Yellow Corn Meal, Sugar, Vegetable Oil, Butter, Brown Sugar, High Fructose Corn Syrup, Partially Hydrogenated Coconut Oil, Artificial Flavors

Nutrient Label Claims

There are lots of terms on food labels. Here's what some of them mean:

Free:

Sugar free, fat free, sodium free or calorie free – too small an amount to affect you or your diet.

Low :

Low fat: 3 grams or less of fat per serving

Low in saturated fat: 1 g or less per serving and not more than 15 percent of calories from saturated fat

Low-cholesterol: 20 mg or less and 2 g or less of saturated fat per serving

Low calorie: 40 calories or less per serving

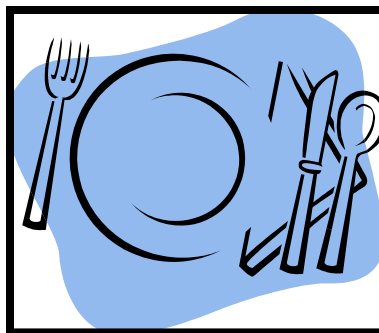
Low-sodium: 140 mg or less per serving

Reduced :

Contains 25% less of a nutrient than compared to a similar food. Examples include **reduced calorie, reduced fat, reduced cholesterol, reduced sodium**. You will also see “reduced in”, “fewer”, “lower”, “lower in”, or “less”.

Light:

$\frac{1}{3}$ fewer calories, 50% less fat or 50% less sodium than the original.



High:

20% of the Daily Value of a nutrient (example: calcium, vitamin C)

You will also see “excellent source of” or “rich in”.

Good Source:

10-19% of the Daily Value of a nutrient (example: folate, iron)

You will also see “contains” or “provides”.

More:

10% of the Daily Value of a nutrient (example: fiber)

You will also see “enriched”, “fortified”, or “added”.

Healthy:

Low in fat and saturated fat, 60 mg or less cholesterol per serving

At least 10% of the Daily Value for one or more of vitamins A and C, iron, calcium, protein, and fiber per serving, and 480 mg or less of sodium per serving.

Lean:

Less than 10 g fat, 4.5 g or less saturated fat, and less than 95 mg cholesterol per serving

Extra Lean:

Less than 5 g fat, less than 2 g saturated fat, and less than 95 mg cholesterol per serving



Week 2

Food Groups

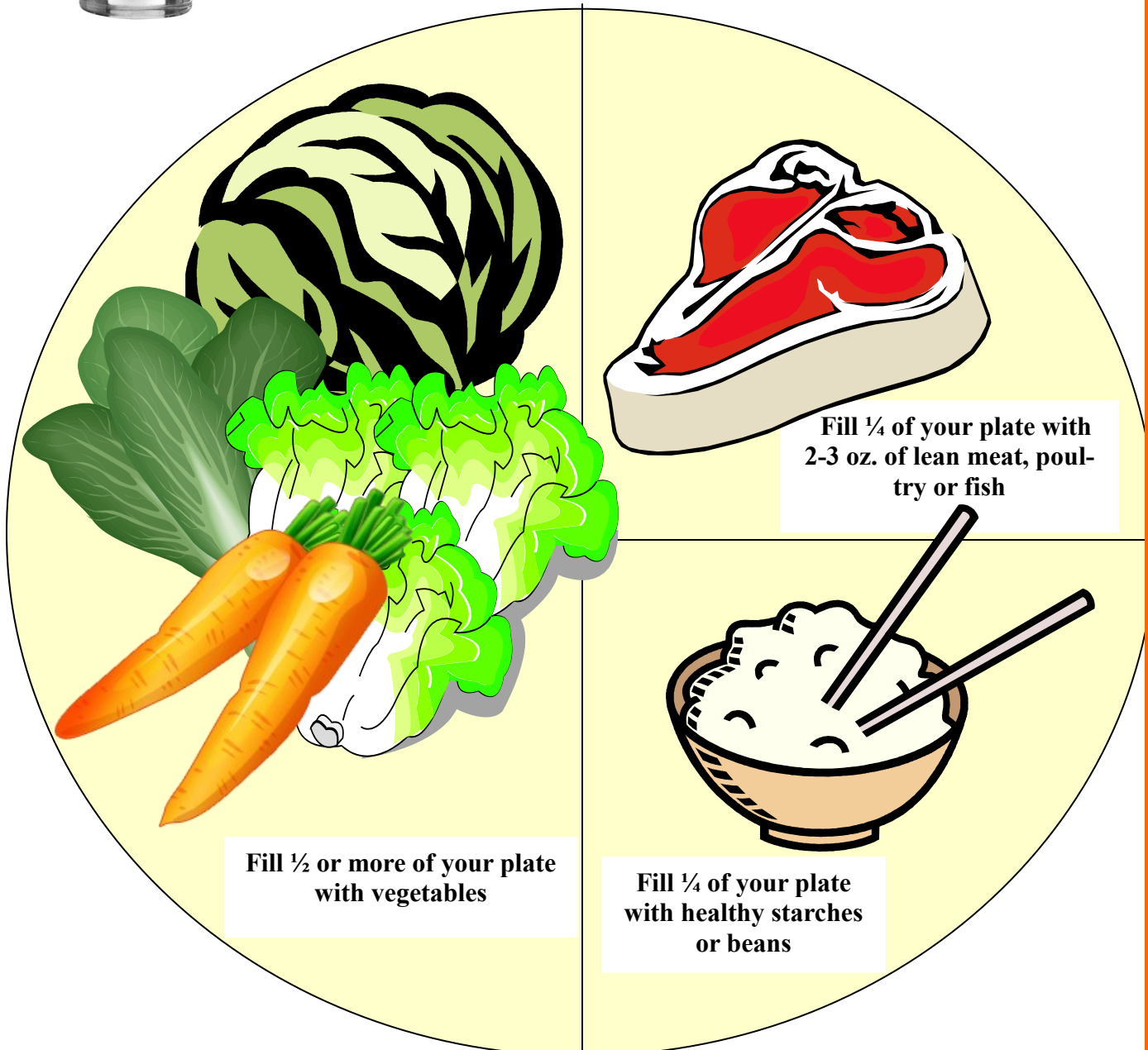


The “Plate Method”



**8 oz of Milk or
Water**

**Salad or
Fruit**



FOOD GROUPS AND SERVING SIZES

It's time to start learning the basics about your food. All food has calories and if you eat too much of anything you will gain weight. The five food groups provide a framework for us to build a healthy diet. A calorie level is assigned to a food serving in every food group. Your first week's menu was based on a balance between all of these food groups. It is important to remember that no one food group is more important than another, but a balance of all foods is important for health and weight loss.

MEATS AND MEAT SUBSTITUTES

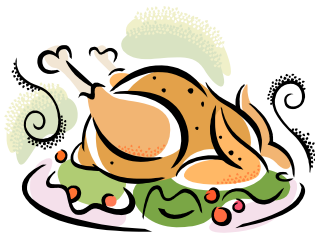
Meats and meat substitutes are divided into four different categories. There are very lean meats, lean meats, medium-fat meats, & high-fat meats. The calorie and fat content for 3 oz portions are listed below. A 3 oz portion of meat is equivalent to the size of a deck of cards.

VERY LEAN MEATS AND MEAT SUBSTITUTES

A Serving is:

3 oz	White meat chicken or turkey, no skin
3 oz	Cornish hen, no skin
3 oz	Cod, flounder, haddock, halibut, trout, fresh tuna, canned tuna in water
3 oz	Clams, crab, lobster, scallops, shrimp (high in cholesterol)
3 oz	Duck or pheasant, no skin
3 oz	Venison, buffalo, ostrich
3 oz	Nonfat or low-fat cottage cheese
3 oz	Fat-free cheese, American, cheddar, mozzarella
3 oz	Lean deli meat, ham, turkey, roast beef
6	Egg whites
$\frac{3}{4}$ cup	Egg substitutes
$\frac{1}{2}$ cup	Beans, peas, or lentils (80 calories, 0 grams of fat, and 15 grams of carbohydrate)

One serving of very lean meat and meat substitutes has 105 calories, 0-1 grams of fat, and 0 grams of carbohydrate.



LEAN MEATS AND MEAT SUBSTITUTES

A Serving is:

3 oz	Lean ground beef, such as round, sirloin, flank steak, tenderloin, rib roast, chuck roast, rump roast, cubed steak
3 oz	Lean pork, such as fresh ham, canned, cured, or boiled ham, Canadian bacon
3 oz	Lamb, chop, roast, leg
3 oz	Veal, lean chop, roast
3 oz	Dark meat chicken or turkey, without the skin
6	Medium oysters
3 oz	Salmon
2	Sardines
3 oz	Canned tuna, in oil
$\frac{3}{4}$ cup	4.5 %- fat cottage cheese
6 TBSP	Grated Parmesan cheese
3 oz	Cheese with less than 3 g fat per oz
3 oz	Liver (high in cholesterol)
2 (1.5 oz)	Hot dogs with less than 3 g fat per oz

One serving of lean meats and meat substitutes has 165 calories, 9 grams of fat, and 0 grams of carbohydrate.

MEDIUM FAT MEATS AND MEAT SUBSTITUTES

A Serving is:

3 oz	Ground beef, T-bone, Porterhouse
3 oz	Meatloaf
3 oz	Corned beef
3 oz	Short ribs
3 oz	Prime grades of meat, prime rib
3 oz	Pork, top loin, chop, Boston butt, cutlet
3 oz	Veal, cutlet
3 oz	Chicken and turkey, dark meat, with skin
3 oz	Ground turkey or ground chicken
3 oz	Fried chicken, with skin
3 oz	Fried fish
3 oz	Mozzarella cheese
$\frac{3}{4}$ cup	Ricotta cheese
3	Eggs
3 oz	Sausage with less than 5 grams fat per ounce
1 $\frac{1}{2}$ cup	Tofu

One serving of medium-fat meat and meat substitutes has 225 calories, 15 grams of fat, and 0 grams of carbohydrate.

HIGH FAT MEATS AND MEAT SUBSTITUTES

A Serving is:

3 oz	Spareribs
3 oz	Ground pork
3 oz	Pork sausage
3 oz	American cheese
3 oz	Cheddar cheese
3 oz	Monterey Jack cheese
3 oz	Swiss cheese
3 oz	Bologna
3 oz	Salami
3 oz	Pimento loaf
3 oz	Bratwurst
3 oz	Italian, knockwurst, Polish, or smoked sausage
1	Hot dog (beef, pork, or combination)
2 TBSP	Peanut butter



High fat meats and meat substitutes have 300 calories, 24 g fat per serving, and 0 grams of carbohydrate.

STARCH/GRAIN GROUP

¼ (2 oz)	Bagel
1 slice	Bread
¾ cup	Ready to eat (dry) cereal
½ cup	Cooked cereal (oatmeal/grits)
½	Hamburger bun, hotdog bun, or English muffin
1 small	Dinner roll or biscuit
2 inch cube	Corn bread
1 small	Muffin
8	Animal crackers
3	Graham crackers
3 cups	Popcorn
12-15	Pretzels, baked potato chips
1 small (3 oz)	Baked potato
½ cup	Corn
1 medium	Corn on the cob
½ cup	Mashed potatoes
½ cup	Sweet potatoes, yams
1 cup	Squash, acorn or butternut, cooked
6" across	Tortilla
½ cup	Pasta
½ cup	Rice
2	4" pancakes
1	4.5" waffle across
1/3 cup	Stuffing
½ cup	Beans or peas



One serving of starch is 80 calories, 0-1 grams of fat, and 15 grams of carbohydrate.

A Serving is:

VEGETABLE GROUP (3-5 Servings/Day)

¾ cup	Vegetable juice
½ cup	Raw or cooked vegetables
1-cup	Raw leafy vegetables (salad greens)

This includes broccoli, carrots, celery, onion, peppers, mushrooms, salad greens, yellow squash, zucchini, brussel sprouts, asparagus, beets, cabbage, cauliflower, cucumbers, tomatoes, green beans, radishes, and turnips.

One serving of vegetables is 25 calories, 0 grams of fat, and 0 grams of carbohydrate.

A Serving is:

FRUIT GROUP (2-4 Servings/Day)

1 medium (4 oz)	Piece of fresh fruit (apple, peach, orange, pear)
½ large	Banana
1 cup	Berries (blueberries, raspberries, strawberries)
1/2 cup	Canned fruit in juice or water
½ cup	Orange juice or apple juice
1/3 cup	Cranberry or grape juice
½ medium	Grapefruit
3	Prunes
2 TBSP	Raisins

One fruit serving has 60 calories, 0 grams of fat, and 15 grams of carbohydrate.

MILK AND YOGURT (2-3 servings/day)

A Serving is:

1-cup	Fat-free or skim milk
1-cup	1% milk or reduced-fat milk
1-cup	Nonfat or low-fat buttermilk
½ cup	Evaporated nonfat milk
1-cup	Soy milk
6 oz	Light yogurt

One serving of milk or yogurt has 90-120 calories, 0-5 grams of fat, and 12 grams of carbohydrate.

FATS

A Serving is:

1 tsp	Margarine
1 TBSP	Reduced-Fat Margarine
1 tsp	Mayonnaise
1 TBSP	Reduced-Fat Mayonnaise
1 tsp	Cooking oil (Olive oil, Canola oil, Vegetable oil)
1 TBSP	Salad Dressing
2 TBSP	Reduced-Fat Dressing
2 TBSP	Sour Cream
3 TBSP	Reduced-Fat Sour Cream
1 TBSP	Sunflower Seeds
10	Peanuts
6	Almonds, cashews
6	Mixed nuts
4 halves	Pecans
1 slice	Bacon
1 tsp	Butter
2 TBSP	Cream
2 TBSP	Light Cream Cheese
1 TBSP	Regular Cream Cheese
2 TBSP	Gravy
1/8	Avocado

One serving of fat has 45 calories, 5 grams of fat.

FREE FOODS

Coffee	1 TBSP Catsup
Tea	1 TBSP Mustard
Diet Sodas	1 TBSP Taco Sauce
Mineral Water	
Herbs and Spices	
Sugar Substitutes	

Free foods have less than 20 calories per serving.

What Are The Types Of Fat?

Limiting your fat intake is key to losing weight. Healthy eating includes small amounts of fats, but some fats are much healthier than others. Eating monounsaturated or polyunsaturated fats instead of saturated or trans fats may help improve your blood cholesterol.

Good Fats

Monounsaturated:



Canola, olive, nut and peanut oils (use these fats for cooking); peanuts; nuts; avocado; olives

Polyunsaturated:



Most vegetable oils (corn, cottonseed, flaxseed, safflower, sesame, soybean, sunflower), nuts, seeds, peanuts, fish

Bad Fats

Saturated:



Animal sources such as meat, poultry, butter, lard, whole and reduced fat dairy products; tropical oils – coconut, palm and palm kernel
Saturated fats are solid at room temperature

Hydrogenated:



Many fats used in processed foods, snack foods, stick margarine, vegetable shortening; Read the ingredients list for shortening, “partially hydrogenated vegetable oil” (A liquid vegetable oil is changed to a solid fat by a chemical process.) *May be labeled as *trans* fat

Week 3
Goal Setting/Motivation
Stages of Change

STAGES OF CHANGE

The past does not predict the future

Today is the first day of the rest of your life

To falter is not to fail

Life is a journey, use a roadmap

How do you eat a whole elephant? Bite by bite

If I had known I would live this long I'd have taken better care of myself

Find 30 minutes daily to exercise or be dead 24/7

A body in motion stays in motion. A body at rest stays at rest.

A moment on the lips, forever on the hips.

Just do it!

Stages of Change & Readiness

Pre-Contemplation

Comes from outside, someone made you aware

Examples

Doctor: *your blood sugar is too high*

Pants: *no longer fit*

Your Body: *out of breath when you walk up the stairs*

Contemplation

You are thinking about it, tossing around the idea

Examples

Maybe I'll feel better if my blood sugar is better

I could get into those pants again if I lose some weight

I may hurt less and play golf again if I can get back into shape



Preparation

Getting used to the idea, making a plan

Examples

I will get those labs done and make a follow up visit with my doctor

I will start watching what I eat and exercising so I can wear those pants

I will lose weight and start walking every day to get back in shape

Action

Implementing and following the plan

Examples

I am Eating smaller portions, fewer carbohydrates, more exercise, and

Checking blood sugars more often

I am wearing fitted clothes as a reminder, doing my exercise, and losing

Weight so I can get into those pants. I'll try them on periodically

I am gradually increasing my walking time, my pedometer steps, and taking

Advantage of TV commercials to do additional exercise

Maintenance

Doing it. Plan well underway

Example

Blood sugar at goal. Now I'll continue working to keep it that way

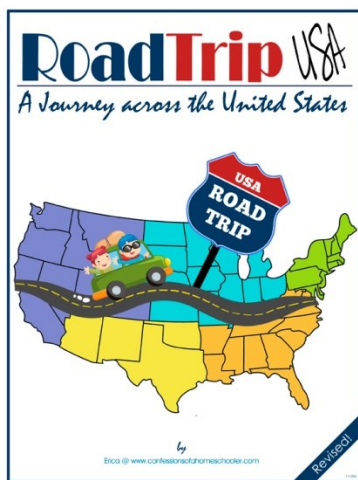
Yeah, the pants are getting closer to fit – they are hanging right there as a

Reminder and I'm almost there!

I can already see the benefits. I can do the shopping, do the laundry and

Still have energy left over for fun!

GOAL SETTING – IT’S YOUR JOURNEY



Goal Setting, Analogy of a Road Trip.

ROAD TRIP	WEIGHT LOSS	COMMENTS
LONG TERM goal – eg drive from Vegas to NYC	LONG TERM goal – eg Lose 100 lbs	You have to know WHERE you want to go. You can't just get into your car and drive – you may end up anywhere including where you don't want to be
WHY take the long journey?	WHY lose the much weight?	Important to be firm in WHY in case you are derailed or side tracked
HOW FAST? Do you need to get there quickly or can you take the leisurely route? Can you stop for a break at National Parks or visit friends, or is it important to get there ASAP.	HOW FAST? If your health is in imminent danger than you will need to be more diligent in your adhering to diet/exercise for more consistent and steady loss of weight for your health – eg to obtain needed surgery or treatment, eg to avoid the next heart attack etc. If you are young and relatively healthy with only 1-2 co-morbid conditions (eg htn, diabetes) then you can take more time to lose the weight.	Your current health status and needs as well as your motivation and support will be a factor in how fast as well as how ready you are to 'go fast' to lose weight. Too fast is NOT safe and more risk to relapse from.

REASONABLE expectations. You cannot drive 12 hrs a day safely.	REASONABLE – you cannot consistently lose 3 or more lbs per week safely	Reasonable involves your motivation, your support, and your ability to ‘stick with’ the changes necessary to lose weight. Include your barriers to weight loss in determining.
AFFORDABLE – you may not be able to afford a plane ticket or even a car. You can still get there by train or bus. Consider all options	AFFORDABLE – you can lose weight on every day table foods on a budget. Some meal replacement plans or special foods as in ‘diets’ can cost more \$. Eg Don’t plan to succeed with Nutrasystem if you can’t afford it.	You CAN have nutritious food on a budget! Eg protein: eggs, beans, yogurts, tuna. Eg vegetables in season, frozen or canned
TOLERABLE – if you have a fear of flying, don’t fly. If you get car sick, don’t plan to ride in the back seat. You can get there other ways – sometime with use of medications.	TOLERABLE – make your own plan that you CAN stick with. Expect to try new foods but don’t plan you ate foods you hate. Eg don’t join a gym across town that you’ll never use. Sometimes ‘diet pills’ can help.	You can ‘learn’ to like new foods. You can make exercise and activity fun.
ATTAINABLE - maybe you don’t need to get all the way to NYC to get what you need. Maybe going part way IS good enough if it meets your needs	ATTAINABLE. If you want to lose 100 lbs but feel your goals are met satisfactorily at 50 lbs weight loss, then you can revise your goal.	Be flexible. It’s OK to reassess your goals and needs down the road
Be SPECIFIC – break it down. Plan how many miles you will drive each day. Plan for sight seeing. Eg plan to cover 350 miles per day, you can cover 2450 miles in a week. If you stop to enjoy a National Park every third day it may take you 9 days. You’ll still get there and with a more pleasant experience	Be SPECIFIC – plan how much weight to lose each week. Write it down. (see calendar method below). Eg ½ lb weight loss per week is 26 lbs in a year and 78 lbs in 3 years. One lb weight loss per week is 52 lbs in a year. If you stop for holidays, then still 45-50 lbs in a year is great!	Remember health benefits along the way. 5% weight loss improves diabetes 10% weight loss improves overall cardiovascular risk.
CONTINGENCIES – plan for obstacles to your plans like flat tires, road construction etc. Allow a little extra room in your schedule, in case you need to revise your route a bit.	CONTINGENCIES – plan for holidays, small relapse etc. That’s why it’s so important to have a goal and plan – to get back on the road. You may need to revise your route to weight loss a bit – diet pills, step up exercise, etc.	Be flexible. There’s more than one way to be successful in weight loss!

CALENDER METHOD FOR GOAL SETTING

Complete your calendar for the year by writing in your weekly goal weight. When that date comes, record your actual weight side by side. If they don't match, make adjustments to your plan.

DATE	GOAL WEIGHT	ACTUAL WEGIGHT	COMMENTS
Todays' date on your calendar. 6/16/10	Eg Goal 1 lb/wk weight loss. Mark this in NOW for the next 3-6 months on your calendar.	Actual Weight Today Eg 328 lbs	
6/23/10	327 lbs	327 lbs	J
6/30/10	326 lbs	326 lbs	J
7/7/10	325 lbs	326 lbs	L holiday splurge, will keep food journal, exercise more to 'catch up'
7/14/10	324 lbs	324 lbs	Yeah I did it, I caught up J
7/21/10	323 lbs	323 lbs	J
7/28/10	322 lbs	321 lbs	Ahead of goal, that's OK, leaves a little 'wiggle' room for contingencies J
8/4/10	321 lbs	321 lbs	OK, I had company in town. Glad I had that 'wiggle' room in my plan
8/11/10	321 lbs (B-day , no wt loss planned)	322 lbs	OK, I didn't plan wt loss but over did it still and gained a lb. Make up over next two weeks.
8/18/10	320 lbs	320 lbs	J yeah, I 'm at goal!!
8/25/10	319 lbs	320	Almost caught up
9/1/10	318	318 lbs	J
... continue on 3-12 months	... continue on 3-12 months	...	
	Goal met – 10 lbs weight loss in 9 weeks.	Goal MET 10 lbs in 9 weeks	YEAH J right on target.

With a goal of one pound weight loss per week you can reasonably achieve a 50 lb weight loss in 1 year
If you drift instead of driving, you are likely to GAIN weight. Take the driver's seat to control your direction. Steer in the direction of your goal.

Goal Setting

BEHAVIORAL

- Set a SMART goal (see attached)

Specific, measurable, attainable, relevant, timely

- Monitor progress, short term (eg daily) and long term (weekly/monthly)
 - Daily weights, or at least once/week
 - Food journals
 - Exercise progress
 - Measurements/clothing size/belt size

Achievement of lifestyle goals

- Commitment to self and others
 - Write it down

Share with others – your goals and your progress (share verbally, blogs on-line etc)

Learn from past: what worked, what didn't

Determine barriers to weight loss, make plan to address barriers

Plan ahead, menus, meals, situations,...

Get help/support. Friends, family, MOVE Program/staff, on-line

Hobbies, fun, laughter, positive attitude. Take on something new to take up time, satisfy your human needs and act as outlet for stress.

Balance your life. Reduce stressors; Maximize sleep; improve resilience.

Be flexible enough to re-direct yourself if/when needed.

You will NOT be perfect. A bad day doesn't mean forget it and stuff your self with junk food/overindulgence. If you already did overindulge, then

- Review what went wrong, what lead you to stray (so you can learn and not make the same mistakes)
- Skip the self loathing, it's not productive
- Move forward NOW again towards your goals.

SMART Goal Worksheet

Today's Date: _____ Target Date: _____ Start Date: _____

Date Achieved: _____

Goal: _____

Verify that your goal is SMART

Specific: *What exactly will you accomplish?*

Measurable: *How will you know when you have reached this goal?*

Achievable: *Is achieving this goal realistic with effort and commitment? Have you got the resources to achieve this goal? If not, how will you get them?*

Relevant: *Why is this goal significant to your life?*

Timely: *When will you achieve this goal?*

This goal is important because:

The benefits of achieving this goal will be:

Take Action!

Potential Obstacles	Potential Solutions
<hr/>	<hr/>
<hr/>	<hr/>
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<hr/>	<hr/>
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Who are the people you will ask to help you?

Specific Action Steps: *What steps need to be taken to get you to your goal?*

What?	Expected Completion Date	Completed
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	
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<hr/>	<hr/>	

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BEHAVIORAL SKILLS CHECK LIST

For Weight Loss

Volunteer. Do something for others. Helpful, not helpless.

Learn something new. Try new things. Be adventurous. Explore.

Get your problems and worries out of your head. Put them down on paper.
Solve what you can. Ask for help.

Accountability. You are the driver in your life. Plan the course, change direction when needed.

Recognize what is out of your control - What you cannot change. There is plenty you CAN do; Let go of what is dragging you down.

Attitude. Glass half empty or half full? Think positive.

Genetics is the beginning; You determine the final product.

Life is precious. Make the best of yours. As long as your heart is still beating, you can make improvements in your health.

Happiness is contagious. Express yours.

STAGES OF CHANGE

Before setting goals, are you ready?

Pre-Contemplation

Contemplation

Action

Maintenance

RESEARCH

Analyze / Think back: What are your barriers? What tripped you up in the past? What started a weight gain/regain?



What are you willing to tackle, what are you NOT willing to tackle?

Eg. changes in diet, in exercise, in relationships, in work/hobbies

Why is weight loss, fitness, making changes important to you? This is your driving force. On bad days when you feel like (whatever your vice) chips, wings, brownies, buffet is this driving force strong enough in your mind??



NOTES:

MONITORING

Weight, food journal, exercise journal, measurements, clothing size, etc

Weight:

- Purchase a home scale
- Nurse visit weekly weight in clinic
- MOVE maintenance attendance weights



Measurements / Clothing size

- Home measuring tape, measure same place same position
- Fitted clothing (get rid of outgrown too large clothes, set out the Next size down as a teaser)
- Men your pant size is NOT the same as your waist size!



Journaling:

- A proven tool for success
- Keeps you adherent to your own goals
- Keep it REAL time, as you go, don't make it up from memory
- Acts as a 'second thought' before you eat and before you take second Helpings
- Provides success and feedback even if the scale hasn't budged
- Keeps you motivated
- Provides that second look back on how well you have done, how far You have come
- Helps balance out your diet for day – get in those 5 veg and 2 lean dairy in a way
- Helps in planning meals
- Helps add variety
- May make menus easier by repetition.
- Many types of journals.

Basic food

- Calories, protein, fat, carbs, fiber
- Basic food and basic exercise
- Exercise specific
- Lifestyle (sleep, social, diet, exercise)
- Behavioral (adds where, hunger level, mood)
- Weekly style
- Monthly pocket style
- On-Line
- Weight Watchers style points
- Free style Dairy type journals (recording thoughts and events
Of the day)

Food Journals (minimal)

- What you ate
- How much
- Calorie drinks
- High calorie additives (salad dressings, cheese, additives to
coffee,...)
- Real time (record AT meal time)

PLAN

- Contingencies / unexpected detours
- Plateaus
- Holidays
- Vacations / travel
- Guests in town

- Diet Goals
- Exercise / Activity Goals
- Weight loss Goals





Week 4
Medications
Diet Pills

Adult Body Mass Index Chart*

BMI	Normal										Overweight										Obese										Extreme Obesity									
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53					
Height	Body Weight (pounds)																																							
4' 10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253					
4' 11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262					
5' 0"	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271					
5' 1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280					
5' 2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289					
5' 3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299					
5' 4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308					
5' 5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318					
5' 6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328					
5' 7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338					
5' 8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348					
5' 9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358					
5' 10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369					
5' 11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379					
6' 0"	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390					
6' 1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401					
6' 2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412					
6' 3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423					
6' 4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435					

To use the table, find the appropriate height in the left-hand column labeled Height. Move across to a given weight (in pounds). The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off. *Children and adolescents DO NOT USE this chart. They use the BMI-for-age growth charts to interpret the BMI number because BMI is both age- and sex-specific for children and teens. These criteria are different from those used to interpret BMI for adults — which do not take into account age or sex.



Lexington-Fayette County Health Department
650 Newtown Pike
Lexington, KY 40508
www.lexingtonhealthdepartment.org

MEDICAL CONDITIONS

COMMONLY ASSOCIATED WITH EXCESS WEIGHT

- ✓ Diabetes
- ✓ Impaired Fasting Glucose / Pre-Diabetes
- ✓ Hypertension (high blood pressure)
- ✓ Hyperlipidemia (high cholesterol)
- ✓ Hypertriglyceridemia (elevated triglycerides – fats in the blood)
- ✓ Central Obesity (waist greater than 40” in male, greater than 35” in female)
- ✓ Metabolic Syndrome / Syndrome X (waist over 40” M over 35” female + blood sugar over 100 + triglycerides over 150 or low ‘good’ cholesterol HDL + blood pressure over 130 without medications)
- ✓ Myocardial Infarction (Heart Attack)
- ✓ Coronary Artery Disease (angioplasty with stent, abnormal heart stress test, coronary artery bypass graft {CABG} surgery)
- ✓ Atrial Fibrillation (heart rhythm disorder)
- ✓ Heart Failure, Congestive Heart Failure
- ✓ Cerebral Vascular Accident (Stroke or mini-stroke)
- ✓ Headaches, Migraines, Pseudotumor cerebri
- ✓ Cataracts
- ✓ Peripheral Artery Disease (cold feet/legs, bad circulation)
- ✓ Venous Stasis (swollen legs, poor veins, varicose veins)
- ✓ DVT (deep vein thrombosis / blood clots)
- ✓ Foot or leg ulcers
- ✓ Infections of skin/cellulitis (also jock itch, rashes in groin/on feet/under breasts)
- ✓ Skin tags, stretch marks, overly thin or thickened skin areas
- ✓ Pulmonary Embolism (blood clots in lung)
- ✓ Sleep Apnea
- ✓ Hypoventilation (poor ability to take a deep breath)
- ✓ Asthma
- ✓ Decreased Immunity
- ✓ Poor sleep on a regular basis
- ✓ Night shift work
- ✓ Thyroid condition
- ✓ GERD / acid reflux (heartburn)

- ✓ Steatohepatitis / Non-Alcoholic Fatty Liver / elevated liver labs
- ✓ Pancreatitis
- ✓ Gall bladder disorders – stones/ sludge
- ✓ Chronic kidney disease
- ✓ Kidney stones
- ✓ Urine leakage or incontinence
- ✓ Colon polyps
- ✓ Cancer Colon (the # 2 leading cause of cancer deaths in all)
- ✓ Cancer: breast, ovary, endometrial (uterus, not cervical)
- ✓ Cancer: kidney, gall bladder, esophagus, pancreas
- ✓ Inflammation, elevated c-reactive protein labs
- ✓ Gout. Hyperuricemia (high uric acid in blood)
- ✓ Structural breakdown of foot, flatfoot, bone spurs, heel spurs
- ✓ Arthritis in weight bearing joints – especially hips and knees
- ✓ Back pain, back disc disease, degenerative joint disease (arthritis) in back, sciatica
- ✓ De-conditioning, low energy, inability to do things you liked to do in past because now your body can't keep up.
- ✓ Female Menstrual Disorders
- ✓ Pregnancy complications / Birth defects
- ✓ Male / Female Infertility
- ✓ Erectile or Sexual Dysfunction
- ✓ Hypogonadism (Low testosterone in men)
- ✓ Gynecomastia (breast growth in men)
- ✓ Enlarged prostate (large waist correlates with enlarged prostate)
- ✓ Poor libido / poor sexual desire
- ✓ Low self esteem, poor self image
- ✓ Depression, loneliness, social isolation
- ✓ Memory Loss / Dementia
- ✓ Surgery complications – anesthesia
- ✓ Surgery complications – infection
- ✓ Surgery complication – poor outcomes, not the desired outcome
- ✓ Emergency Medical Service - eg motor vehicle accident, falls
- ✓ Emergency Medical Service – eg cardiac resuscitation
- ✓ Inability to evacuate in an emergency (stairs, poor mobility)
- ✓ Workplace accidents
- ✓ Social bias and workplace bias and discrimination
- ✓ Procedure risk (complications or inability to complete)
- ✓ Less sensitive Physical exam (eg access to pelvic exam, rectal exam, breast exam, abdominal exam for organs)

- ✓ Less sensitive test results (eg echocardiogram, CT, ultrasound)
- ✓ Inability to have tests run due to weight limit (eg MRI, Bone Density)
- ✓ Less accuracy at medication dosing (dosed based upon lean body mass, some medications are 'stored' in fat)
- ✓ Polypharmacy (more than 10 active prescription medications)
- ✓ Premature Disability, Death.
- ✓ Reduced quality of life

What have you wanted to do in the past year,
but your body would not/could not?



CONDITIONS COMMONLY ASSOCIATED WITH HEALTHY WEIGHT LOSS

- More energy
- Longer lifespan
- Reduced disability
- Buying new clothes
- Going out more often for any reason
- More travel
- More activity, fun hobbies, sports
- Less risk of care accidents from poor sleep/inattention
- Social activity, more outgoing, more confidence
- Greater sense of self control, self determination
- More emphasis on appearance and self care
- More attention from the opposite sex
- Compliments, praise, setting an example, becoming a role model (how did you do that?)
- Loose skin (to avoid: water, good nutrition, exercise, slow weight loss, surgery as an option)
- Risk for less bone and muscle mass (to avoid: exercise and good nutrition)
- Fertility returned
- Fewer medications
- Reduced % body fat, return of the waist line, finding bones
- Able to see feet, tie shoes, pick up something from the floor
- Improved health

BARRIERS TO WEIGHT LOSS

You CAN lose weight but it takes more focused effort
and reasonable goal setting

- ☐ Older
- ☐ Female
- ☐ Undereating / Starving / Fasting
- ☐ Skipping Meals / no Breakfast
- ☐ Low Lean Body Mass / High % Fat Mass
- ☐ Hormonal Issues: Hypothyroid
- ☐ Hormonal Issues: low Testosterone (men), Menopause or Birth control (women)
- ☐ Hormonal Issues: Cushings Syndrome (cortisol), PCOS (ovaries)
- ☐ Multiple Medical Conditions
- ☐ Mental Health conditions eg depression, PTSD
- ☐ Stinking Thinking: having to finish everything on the plate, can't waste food
- ☐ Poor sleep
- ☐ Chronic Pain
- ☐ Medications associated with weight gain (see reverse page)
- ☐ Disordered Eating - stress, emotion, boredom, celebration, habit
- ☐ Eating Disorder - especially Binge Eating Disorder, Night Eating Syndrome
- ☐ Lacking social support - friends, spouse, family
- ☐ Stressful Environment - time, income, job, conflicting priorities
- ☐ Lacking hobbies (besides food), lacking things to do for fun (besides eating)
- ☐ Knowledge deficit - not knowing calories, portions, macronutrients
- ☐ Nutritional deficiency
- ☐ Restaurant meals, fast foods, not cooking
- ☐ Not exercising
- ☐ Genetics / Heredity

Like swimming upstream, you will have to work harder to achieve a reasonable goal.

5 P's: Patience, Persistence, Positive Attitude, Planning, Perspiration

MEDICATIONS AND WEIGHT



Your medications and weight may be related.

- Excess weight is associated with more comorbid medical conditions, eg diabetes, hypertension, high cholesterol, depression, etc. Each medication condition is typically treated with medications
- Polypharmacy (10 or more prescription medications) and cause fatigue, confusion, and thus lower motivation through drug:drug interactions
- Individual drug side effects may directly influence your weight.

Medications may cause weight GAIN by

- Increasing hunger/appetite
- Retaining fluid
- Slowing metabolism

What can be done to reduce medications?

- Reduce the need for medications. MAXIMIZE lifestyle changes
- Talk with your doctor who prescribed the medication. Discuss your weight concerns and ask if you can reduce the dose, stop the drug or can take something else weight neutral to treat the condition
- Do NOT stop taking the medication just because it is associated with weight gain

You CAN still lose weight taking medications associated with weight gain. You will need to set more reasonable goals, be focused, have support, and work a bit harder to attain weight loss.

Medications Associated with Weight Gain

MENTAL HEALTH, NEUROLOGIC, HEADACHE, SEIZURE, SLEEP, OR PAIN

Valproate / divalproic acid, Carbamazepine, Phenytoin, Lithium, Lamotrigine

Amitriptyline, nortriptyline

Fluoxetine (Prozac) with long term use

Paroxetine, sertraline, citalopram, trazodone, venlafaxine

Mirtazapine

Gabapentin, Pregabalin

Risperidone, Quetiapine, Ziprasidone, Olanzapine, Clozapine, Aripiprazole

DIABETES

Insulin

Glipizide / glyburide

Pioglitazone (Actos)

BLOOD PRESSURE (HYPERTENSION)

Amlodipine, Verpamil

Terazosin, Prazosin

Clonidine, Minoxidil

Atenolol, Metoprolol, Carvedilol, Propranolol

HORMONES

Prednisone

Birth Control, oral or injection

ALLERGY

Benadryl, Cyproheptadine

Loratadine (Claritin)

Cetirizine (Zyrtec)

Hydroxyzine

Also some chemotherapy and HIV medications

ORLISTAT (XENICAL)

Prescription version of over the counter Alli, see www.orlistat.com website

What it Does:	Dietary fat blocker
How it Works:	1) Blocks 1/3rd of dietary fat from being absorbed in the intestine 2) Provides feed back on excess fat in diet 3) Does NOT distinguish health fats (eg fish oil) from Unhealthy fats
Effectiveness:	Works most effectively when combined with low fat weight loss diet and exercise. Increases weight loss by nearly 50% if used as directed over diet and exercise alone.
Who is this for:	1) for Body Mass Index over 30 (or BMI over 27 with two or more obesity related medical conditions) 2) Ready access to a toilet. 3) constipation (off label use) 4) cholesterol & triglyceride (off label use) Prescription limited to active participants in MOVE program
Diet:	Low Fat, High Fiber, low calorie, small portions
Common Side Effects:	Fatty/oily stool (sign of too much fat in diet) Increased urgency of bowel movement Increased frequency of bowel movement Increased gas May have abdominal discomfort due to gas Softer stools, may be orange tinted Fat free meals = no effect (however beware of 'hidden' fats) Low fat meals = softer more frequent stools Moderate to high fat meals = oily diarrhea
Labs:	Liver and kidney labs should be checked within 3-6 Months of starting this medication

Who CanNOT Take this Medication:	<p>No ready access to toilet as needed</p> <p>Malabsorption (Crohns, ulcerative colitis, colectomy, gastric bypass)</p> <p>Gall bladder disorder</p> <p>Pregnancy / Breast feeding</p> <p>Precautions with cyclosporine (transplant medication)</p> <p>Precautions with warfarin (blood thinner)</p> <p>Precautions with kidney or liver disease (requires monitoring)</p>
How to Obtain:	<p>Schedule appointment with MOVE Physician</p> <p>Medication review – all prescription, herbal, over-the-counter, and supplements</p> <p>Bring 1-2 weeks of food journal to your visit</p> <p>Medication counseling and education to be provided</p>
How Supplied:	<p>Special order. Only available from MOVE program</p> <p>120 mg oral capsule (if 60 mg capsules, take 2)</p> <p>90 capsules for 30 days</p> <p>Should arrive by mail within 2 weeks of request.</p> <p>No renewal until weight loss and effectiveness verified</p>
How to Take:	<p>Take 1 capsule <u>with</u> a meal up to 3 meals per day</p> <p>Take NO more than 1 capsule at any time</p> <p>Take NO more than 3 capsules per day</p> <p>(if you forget you can take it immediately after meal; no Benefit to taking >30 min after meal)</p> <p>Immediately prior to meal, take Orlistat + 1/3 of daily dose Fiber (optional but recommended) in 8 oz Water, then begin your meal</p> <p>Begin orlistat gradually to gauge side effects: Begin orlistat 1 capsule with 1 meal daily x 2-3 days Then take 1 capsule with 2 meals daily x 2-3 days After 4-6 days begin taking 1 capsule with each Of 3 meals daily</p>

Feedback:	If you experience oily diarrhea, then you are eating too much fat in your diet; Reduce the fat and calories of your meals and see the MOVE physician and/or dietitian bringing a 1-2 week food journal. See handouts attached for ways to reduce dietary fat.
Additional Instruction:	Take a multivitamin mineral supplement daily. If you take fish oil or levothyroxine , do NOT take it at the same meal with orlistat. Leave two hours between.
Additional Benefit:	Fiber: 2 tsp or 2 capsules in/with 8 oz water prior to meal Adds to fullness, reduces oiliness, & add texture to stool. Fiber may cause gas Simethecone (Gax X) may help with gas symptoms Fiber, simethecone, multivitamin may be purchased over the counter or from VA (beware co-pay)
Follow up Requirements:	Low Fat Diet No diarrhea or gastrointestinal symptoms Taking a multivitamin mineral supplement Attend at least one MOVE visit monthly, Or participate actively in TeleMOVE
To Obtain: Refills:	Complete request for refill at MOVE Maintenance Submit refill form to a MOVE staff member. (do NOT request renewals of orlistat via telephone, pharmacy, teleMOVE, nor your primary care) Attend at least one MOVE visit monthly, Or participate actively in TeleMOVE Weight loss 4 lbs per month or 5% weight loss in 3 months (your weight at time of refill request must be recorded).

For additional information on low fat diet, schedule with your dietitian.

Bring 1-2 weeks of food journal to your visit.

Updated June 2012

PHENTERMINE

What it does:	Appetite Suppressant
How it works:	Amphetamine-like substance. It is NOT an amphetamine It works to reduce appetite in the brain. It is drug category 'sympathomimetic' stimulating sympathetic 'fight or flight' response as well as appetite. It is NOT habit forming or addicting.
Effectiveness:	Most common weight loss drug written in medical weight loss clinics due to its effectiveness and safety (referenced: American Society of Bariatric Physicians)
FDA approved:	Schedule IV controlled substance. It is only approved for short term use of 3 months. Longer use is 'off label'.
Who is this for:	*For Body Mass Index over 30 (or BMI over 27 with two or more obesity related medical conditions) and for whom hunger/appetite much of the day is an issue *This medication will NOT eliminate stress/emotional boredom or social eating. *This medication must accompany a reduced calorie diet and exercise to obtain weight loss.
Common Side Effects:	Dry mouth (will NOT go away) Heart rate increase, palpitations (must be monitored) Blood pressure increase Insomnia (poor sleep) Agitation, irritability, restlessness Constipation Headache
Serious Side Effects:	Primary Pulmonary Hypertension (rare) symptoms: chest pain, difficulty breathing, passing out, lower extremity swelling note: most pulmonary hypertension is caused by poorly controlled sleep apnea.

Who Cannot Take this Medication:	<p>*Bulimia, anorexia, high blood pressure (>140/85), heart problems, irregular heart, stroke, glaucoma, agitated/anger issues, overactive thyroid, pregnant/breast feeding.</p> <p>*History of drug abuse</p> <p>*Caution with patients using drugs for depression, Anxiety, PTSD, anti-psychotics, and other mood disorder medications.</p>
How Supplied:	<p>Non-formulary. Only available from VA MOVE Dr 15 mg capsule, dose 15-30 mg, may take 1-2 per a.m. Prescription for 30 days</p> <p>No refill until blood pressure and effectiveness are checked</p> <p>Refills requested via MOVE RN or physician via refill questionnaire and demonstrated blood pressure control and weight loss. May request at MOVE Maintenance.</p> <p>Controlled substance- Fed Ex delivery and signed for <u>Or</u> may pick up from VA pharmacy if arranged with physician at time of ordering.</p>
How to Take:	<p>Take 1 capsule daily in the morning or start of your day.</p> <p>If needed may take two capsules in morning <u>OR</u> take one in morning and one at noon for more evening coverage</p> <p>Never take more than 2 capsules per day.</p> <p>Never take in afternoon or evening (sleep interference)</p>
Dietary:	<p>Avoid skipping meals. You may skip snacks since you will be less hungry. Do still eat 3 SMALL nutritious meals/day.</p> <p>Avoid caffeine if feeling shaky/irritable/heart racing</p>
Follow up Requirements:	<p>Initial blood pressure check 1 week after starting this drug, and then <u>monthly</u> thereafter.</p> <p>Watch your blood sugars closely – you are at risk for Low Blood Sugar. You may need to reduce your Diabetes medication.</p>

To Obtain Refills: Complete questionnaire for refills, submit to MOVE RN or MOVE Physician

Follow up If you gain weight while using phentermine, this Requirements: medication will NOT be renewed

This medication may only be ordered by MOVE physician and requires an individual appointment including review of medical/psychologic history, heart focused physical exam, recent EKG, medication review, and counseling/education. Bring at least 1-2 weeks of food journal to the visit.

Medical Facts and Figures Personalized

How Your Excess Weight may be Effecting You

Trends

Weight is a 'snapshot' of mass and gravity at any given time including clothes/shoes, bowel and bladder contents, etc.

The direction of weights going up or down is a trend

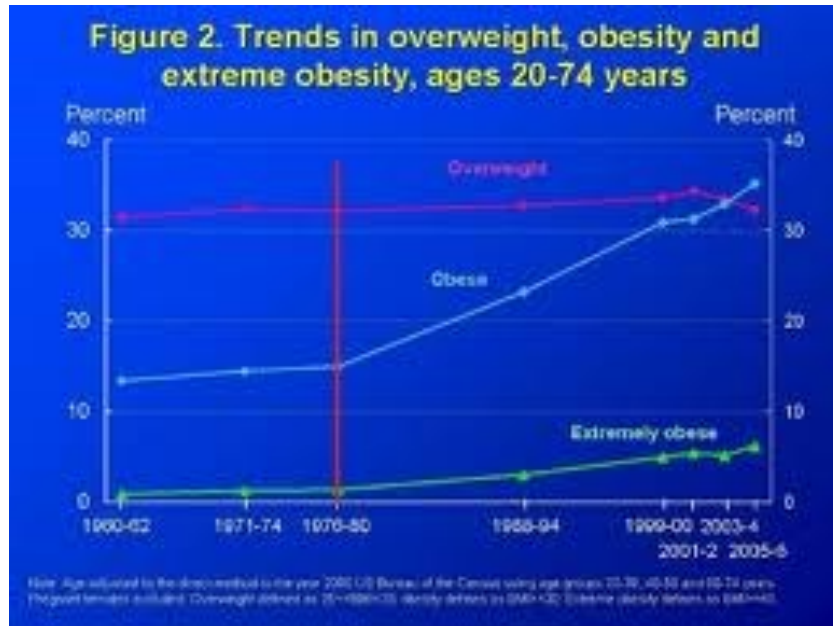
In any successful weight management program the trend should be in the direction and path of your Goal; for veterans in MOVE Program the trend should be weight graph trending Down!

Reasonable weight loss is $\frac{1}{2}$ - 2 lbs per week, 1 or more lbs per week if using 'diet pills'

Avoid 'gaming' the weight scale by skipping a meal, skipping water, etc.

National Trend

Obesity Epidemic. Results per www.cdc.gov:

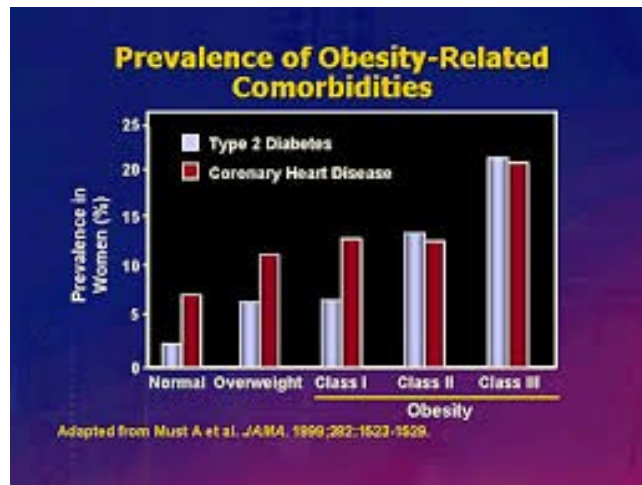


35.9% of U.S. adults are obese (years 2009-2010)

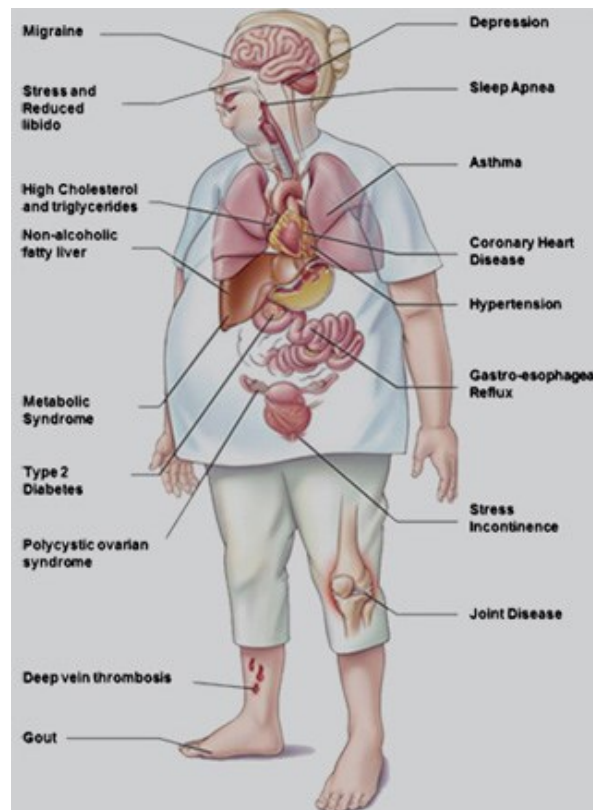
69.2% of U.S. adults are overweight, including obesity (years 2009-2010)

Veterans have similar statistics to U.S. Population: *Prevalence of Overweight and Obesity Among U.S. Military Veterans* [Mil Med.](#) 2008 Jun; 173(6):544-9.

Diabetes and heart disease are among the many serious medical 'co-morbid' conditions associated with obesity. Higher levels of obesity directly correlate with higher levels of diabetes and heart disease.



Obesity Co-Morbid Conditions



Also includes cancers, stroke, surgery complications,...

% Weight Loss

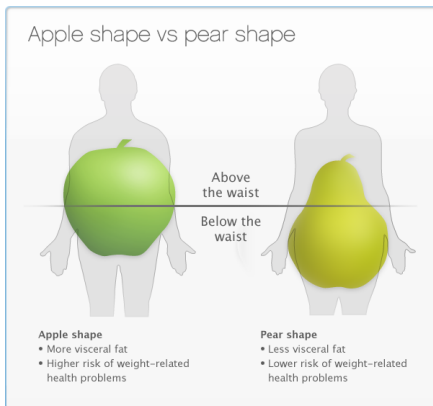
10% weight loss improves nearly all medical obesity co-morbid conditions

Goal in MOVE is to achieve a 10% weight loss in 6 months at $\frac{1}{2}$ - 2 lbs weight loss per week. (eg 300 lb person to lose 30 lbs in 6 months at $\frac{1}{2}$ - 2 lbs per week weight loss)

Even 5% weight loss improves diabetes (beware hypoglycemia – low blood sugar)

Waist Central Obesity

‘apple’ or ‘pear’ shaped referring to location of excess body fat



Waist greater than **40” in men** and greater than **35” in women** is associated with significant increase in health risk

Optimal waist measure for men is same as hip, a 1:1 waist to hip ratio (eg 32” waist for 32” hips).

Optimal in women is 0.8 waist/hip (eg 32” waist for 40” hips)

Central obesity is a risk factor for obesity comorbid conditions, independent of weight or BMI

Central obesity Directly effects breathing (hypoventilation), bladder incontinence, and back pain by occupying space. Nonalcoholic fatty liver disease (NAFLD) can occur once fat (adipose) storage is maximized and the liver takes over fat storage. Heart (cardiomyopathy of obesity) and other muscles can become dysfunctional from fat storage as well

Central obesity Indirectly related to Obesity Co-Morbid Conditions via ‘Inflammation’

Metabolic Syndrome

Definition, any 3 or the 4 below:

Waist 40” in men, 35” in women or higher, also ‘apple’ shaped central obesity

Triglycerides and HDL (good cholesterol), triglycerides >150 mg/dL or HDL <40 mg/dL in men and <50 mg/dL in women

Glucose (blood sugars) 100 mg/dL or higher

Systolic Blood Pressure (top number) 130/85 mmHg or higher

Metabolic Syndrome predicts an estimated 8-10 times greater risk for a premature cardiovascular event (eg heart attack, stroke)

Polypharmacy

5 or more prescription medications results in 'polypharmacy'

Each medication has side effects; The more medications taken the more risk for drug: drug interactions.

Common interactions include fatigue, confusion, falls, nausea

Prescription drug treatment of Metabolic Syndrome often results in Polypharmacy; add in also other obesity co-morbid condition medications such as pain medications, antidepressants, etc.

See list of medications associated with weight gain

How can Metabolic Syndrome be treated to avoid Polypharmacy?

Neck Circumference

Neck 17" in men, 16" in women or greater is a risk factor for obstructive sleep apnea. A sleep study is needed for diagnosis. Sleep apnea is a serious medical condition if untreated.



BMI (Body Mass Index) see chart

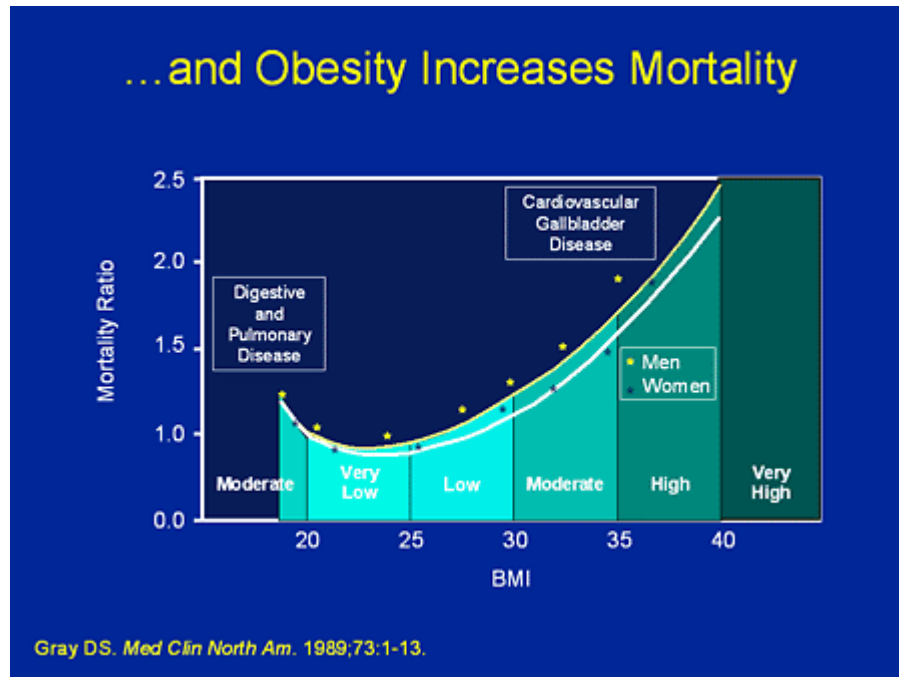
Formula of Height and Weight: $\text{weight (kg)} / [\text{height (m)}]^2$

Used for medical definition, categorization, research, and communication. Is NOT a good measure of individual goal weights – see body composition

OBESITY is defined as BMI 30 or greater

Overweight is defined as BMI 25 or greater

Higher BMI is associated with more and greater health risks (obesity co-morbid conditions). Note the 'J' curve. Higher BMI has increased associated Morbidity and Mortality (premature death)



Body Composition

Dry Lean Mass (DLM) and Basal Metabolic Rate (BMR). DLM represents muscle and bones. DLM directly correlates with calories for baseline metabolism at sleep and rest (BMR). Most men have BMR average 1800 and women average 1400 kcal/day. Under eating, consuming fewer calories than BMR encourages metabolism 'hibernation' mode to preserve the body and avoid starvation. Thus under eating quickly leads to weight plateau and should be avoided on a daily basis. What effects dry lean mass and how can you increase metabolism? Gender, exercise, hormones and often age are factors. EXERCISE is the major controllable factor relating to DLM and BMR

Fat Mass. Estimated 40-50 lbs are required for health. Anything over is 'excess' and can be associated with obesity co-morbid conditions, especially if located around the abdomen.

% Body Fat (%BF). Optimal target is less than 20% in men and less than 25% in women. Eg 50 lbs of fat in male weighing 245 lbs, or 40 lbs of fat in female weighing 155 lbs. High % BF is associated with DLM and BMR thus making weight loss more difficult especially in those with %BF higher than 45%. "looking at food can cause you to gain

weight” – not really but any calories in excess can quickly result in weight gain. See Barriers to Weight Loss below

Lean Body Mass (LBM) and optimal weight. To estimate your optimal weight, take lean body mass and add 40-50 lbs of fat. You can add up to 60 lbs if male, older age (>65), or large framed.

Body composition is the better way to assess goal weight, superior to BMI.

Barriers to Weight Loss

The more barriers you have to weight loss, the more difficult a 5-10% weight loss will be to achieve within 6 month time. Consider only ½ lb per week (2 lbs per month) to be reasonable for some.

Overcome/control/minimize individual barriers whenever possible. Maximize diet, exercise, support, environment, hormonal, etc. the best you can. MOVE staff can help via individual appointment and if needed, specialty referrals.

Like swimming upstream, sometimes you have to work harder to achieve less. Be reasonable in your expectations

Consider weight loss medications or weight loss surgery if eligible

5 P's: Patience, Persistence, Planning, Positive Attitude, Perspiration (Exercise)

Weight Loss Medications

'Diet Pills'

Prescription medications for weight loss are **only available by appointment with MOVE Physician** for veterans who are active in the MOVE Program. Bring at least 2 weeks of food journal recordings to the appointment. For renewals, a request must be submitted to MOVE staff member each month and criteria for renewal must be met. 'Diet pills' can NEVER be used in pregnancy and CAN be considered for BMI 27 or greater.

Orlistat (Alli, Xenical)

Dietary fat blocker, blocks 1/3 of fat you consume. Thus fat becomes oil in the bowels and is excreted

Low Fat high fiber diet with portion control

Take immediately prior to meal, up to 3 x daily

Softer more frequent bowel movements result

Weight loss 7 lbs or 3% over a year, results vary

<http://www.xenical.com> for detailed information

The 3 medications below CANNOT be used if:

Unstable Heart Disease or Stroke

Poorly controlled Blood Pressure

Significant Kidney or Liver disorder

Eating Disorder or Substance Abuse Disorder history

Taking certain medications for Depression, PTSD, Sleep, Migraines, or other conditions effecting Serotonin

Glaucoma

Pregnancy

Phentermine

Appetite suppressant

Is NOT addicting or habit forming but is amphetamine-like

Avoid skipping meals; consume 3 nutritionally balanced small meals per day

Take once daily in a.m.

Dry mouth, poor sleep, increase in blood pressure and heart rate can result

13 lbs weight loss achieved in 2-24 weeks, results vary

<http://www.phentermine.com/adipex.htm>. Other brand names also exist.

Phentermine/Topirimate ER(Qsymia) – new

Appetite suppressant

See phentermine above, also

Possible sensations of mouth and extremities, changes in taste

Women of childbearing potential MUST have monthly pregnancy tests prior to renewals; Qsymia may be associated with birth defects in pregnancy

Staggered dosing levels, up to 5 levels of dosing

REMS program – this medication is still being experimentally evaluated

17 – 22 lbs (7.8 – 9.8%) weight loss at one year, results vary

<https://www.qsymia.com> for detailed information

Lorcaserin (Belviq) – new

Changes in appetite/cravings. Activates Serotonin

Take twice daily

Possible headache, nausea, fatigue, dizziness. Life threatening Serotonin Syndrome if taken with other serotonin medications (see above)

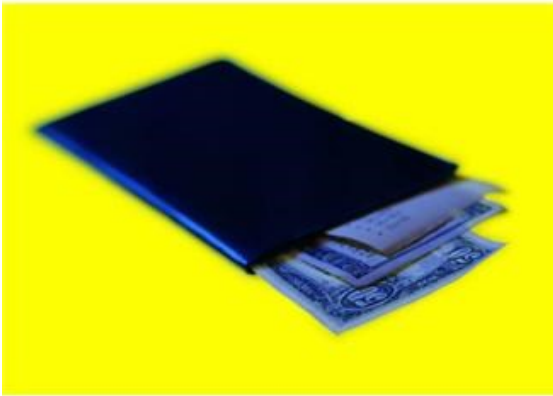
Cannot take if heart valve issues

12 lbs weight loss over 2 years, results vary

<http://www.belviq.com> for detailed information

Be aware of medications you take which may have a side effect of weight gain, making weight loss more challenging. Reducing the need for these medications may be equally effective and safer than taking a weight loss ‘diet pill’ medication. NO medication is 100% safe and effective. ‘Diet Pills’ alone don’t result in any significant weight loss. The basics of good nutrition, portion control, behavior modification, and daily physical activity/exercise are still required to obtain desired results. Remember the health risks of obesity and co-morbid conditions are great and many. The risks of ‘diet pills’ are only worth taking IF you are reducing the obesity. Therefore success in weight loss is required for any ‘diet pill’ renewals.

Renewals for medications MUST be requested monthly via MOVE staff. No automatic refills are provided. Neither pharmacy, your primary care, nor secure messaging of pharmacy/primary care is means for renewal.



Week 5
Eating Out
Healthy Shopping



HEALTHY RESTAURANT EATING



A little planning can save you unwanted calories and fat. The key words are **portion control** and enjoy a **small** amount of high fat food. Determine before you go into a restaurant what kinds of foods you will choose from the menu. Do not be influenced by what everyone around you is eating. Plan to enjoy the food and having a relaxing time. Here are some tips:

- Choose leaner cuts of meat, fish or poultry prepared with no added fat: broiled, grilled, baked, roasted or poached. **Avoid all deep-fat fried foods!** If the entrée is served with visible fat, cut it off. Remove the skin from poultry.
- Order vegetables and entrees with gravies and sauces on the side. Ask what ingredients are used in the sauces before ordering a food with sauce. Always if there are any steamed vegetable choices. Ask for margarine on the side, and then add only a small amount. Do not use butter.
- Pastas and vegetables, pesto, tomato, or oil-based sauces are preferred over cream or cheese based sauces. Remember that pesto and oil based sauces, although lower in cholesterol still have fat. Avoid noodles, which are usually made with egg yolks. Plain, steamed rice or brown rice is low in fat and sodium.
- Chef salads are usually high in fat. A side of mixed greens and vegetables can be filling, yet low in fat. Avoid creamy dressings. Ask for salad dressings on the side. Oil and vinegar based dressings are usually lower in fat than creamy dressings. Ask if there are any fat-free or reduced fat dressings available. A good strategy is to dip your fork into the dressing before preparing each bite of salad. Less dressing will be used this way.
- Eat frozen yogurt, fruits, white or angel food cake, or sherbet for dessert instead of cakes, cookies, pies, and ice cream.
- Pizza can be an occasional treat. Choose a thin crust, instead of thick or pan-style. Many places offer a vegetarian style pizza with low-fat mozzarella cheese, green peppers, onions, and mushrooms. Avoid pizza with pepperoni, sausage, olives, or anchovies, which are all high in fat and sodium.
- At buffets, survey food options before you make your selections. Use a small plate, rather than a large one. Pile the food no thicker than a deck of cards. Take 1-2 Tablespoon portions to avoid overeating.

Fast-Food Alternatives



Instead of these:

Choose these:

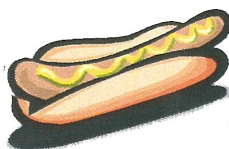
French fries or curly fries
Potato wedges
Hash browns or tater tots
Onion rings



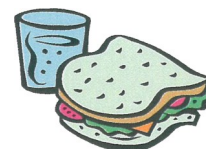
Baked potato
Salads with fat free
or lowfat dressing
Fresh fruit



Large hamburgers with all the 'fixins'
Cheeseburgers
Hotdogs or sausages
Bologna, pastrami
Fried meat sandwich
Pork barbecue sandwich with slaw
Chicken, tuna or egg salad sandwiches



Turkey, roast beef or lean ham
sandwich
Grilled chicken sandwich
Chicken tacos



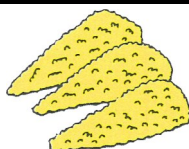
Fried chicken
Breaded chicken strips
Fried chicken wings



Grilled, roasted or
smoked poultry
(white meat, no skin)



Fried fish sandwich
Fried fish nuggets
Fried clam strips



Broiled seafood platter
Broiled shrimp



Sundaes, Banana splits
Cakes
Brownies
Pies



Soft serve ice cream cone
Lowfat frozen yogurt



Regular soda
Whole milk
Sweet tea
Fruit punch lemonade



Water
Diet soda and unsweetened tea
Lowfat or fat free milk
100% Juice



Tips for ordering:

- Leave off the cheese and hold the mayo
- Don't super-size
- Say "No" to "Would you like fries with that?"
- Choose baked, broiled, or grilled options rather than fried

Restaurant Tips

Choose restaurants you know will have healthy options. Many restaurants have websites. Check out menus in advance.

You don't have to eat it all – ask for part of your meal to be packaged to go.

Food preparation

Don't be afraid to ask how items are prepared.

Ask for lowfat cooking spray or little or no butter or oil to be used.

Look for choices that are roasted, poached, steamed, baked, and grilled rather than sautéed, deep fried, or pan fried. If it is sautéed, ask for wine or lemon juice to be used. If you do eat fried foods, remove any breading and skin.

Ask for sauces on the side.

Appetizers – Choose Soup or Salad

Choose clear broth soups or tomato-based soups.

Avoid cream-based choices such as a bisque, chowder or cheese soup.

Avoid salads that contain fried foods. Ask for poultry, meat, or seafood to be grilled.

Ask for fat free or lowfat dressing. Always ask for the dressing to be put on the side, not tossed in the salad. Try vinegar or lemon juice on your salad.

Leave off extras like croutons, cheese, egg, nuts, fried noodle strips, etc.

Entrée

When choosing vegetarian choices, avoid cheese, cream, etc.

Select skinless poultry, preferably white meat, and lean cuts of beef and pork such as tenderloin, London broil or filet mignon. Avoid ribs, prime rib, and other marbled meats.



Sides

Choose colorful vegetables.

Skip the creamed vegetables or those that have cheese.

Be adventurous. Try something new instead of the old stand-by of French fries.

Choose fresh fruit or a tossed salad over potato salad, coleslaw, macaroni salad, etc.

Beverages

Drink plenty of water or low calorie sugar-free beverages with your meal.

Consider lowfat or skim milk.

Dessert

Order fresh fruit.

Choose a small bowl of lowfat ice cream, sorbet, sherbet, gelatin or a piece of angel food cake.

If you order dessert, split it with someone else.

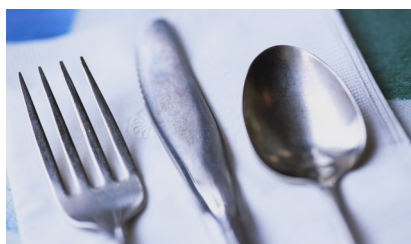
Bread

If bread is too tempting for you, ask your server not to bring the basket to your table.

Limit bread to 1-2 slices per meal. Choose baked bread, rolls, and saltine crackers instead of croissants, biscuits, and cornbread.

Leave off butter or margarine. For toast, ask for it 'dry'.

Eat slowly. Take plenty of time to savor the food's flavor. Enjoy yourself!



TIPS FOR MAKING HEALTHY CHOICES AT MEXICAN RESTAURANTS



Choose

- Spicy Beef or Chicken
- Mole Sauce
- Enchilada Sauce
- Grilled
- Marinated
- Picante Sauce
- Simmered
- Soft Corn Tortillas
- Salsa, Lettuce, and Tomatoes
- Black Bean Soup

Limit

- “Covered with Cheese”
- Sour Cream
- Guacamole
- Bacon, Chorizo
- Deep Fried
 - Refried Beans
- Cheese Sauce
- Tortilla Chips
- Deep-fried Taco Bowls

TIPS FOR MAKING HEALTHY CHOICES AT ITALIAN RESTAURANTS



Choose

- Lightly sautéed, Grilled
- Shallots, Onions
- Peppers, Mushrooms
- Artichoke Hearts
- Sun-dried Tomatoes
- Spicy Marinara Sauce
- Cacciatore
- Light Red or Wine Sauce
- Capers
- Light Mushroom Sauce
- Herbs and Spices
- Florentine
- Clam Sauce
- Primavera

Avoid

- Alfredo
- Carbonara
- Saltimbocca
- Parmigiana
- Pancetta
- Oil
- Stuffed with Cheese
- Prosciutto
- Creamy Sauce
- Egg and Cheese Batter
- Fried
- Veal Sausage
- Manicotti
- Cannelloni

MAKING HEALTHY CHOICES AT CHINESE RESTAURANTS



Choose

- Lobster Sauce
- Light Wine Sauce
- Simmered, Steamed, Roasted
- Bean Curd
- Assorted Vegetables
- Stir-fried
- Sizzling Platter

Limit

- Deep Fried
- Breaded
- Crispy
- Hoisin Sauce
- Egg Foo Young & Cashews
- Duck

MAKING HEALTHY CHOICES AT AMERICAN RESTAURANTS



Choose

- Sautéed Onions, Peppers, or Mushrooms
- BBQ Sauce
- Cocktail Sauce
- Honey Mustard
- Mustard
- Crisp Lettuce and Tomato
- Green or Red Onion
- Mesquite Grilled
- Char-broiled
- Marinated and Broiled

Limit

- Cheese (Grated, Melted)
- Guacamole
- Bacon (Strips, Crisp)
- Sour Cream
- Blue Cheese
- Sausage
- Butter, Garlic Butter
- Large, Jumbo
- Piled High, Stacked

MAKING HEALTHY CHOICES AT CONTINENTAL/FRENCH RESTAURANTS



Choose

- Vinaigrette
- Cilantro
- Roasted Red Peppers
- Blackened
- Cajun Spiced
- Wine Sauce
- Wine and Herbs
- Roasted, Steamed
- Poached
- Grilled
- Marinated
- Broiled

Limit

- Creamy, Mushroom Sauce
- Cheese Sauce
- Melted Cheese
- Au Gratin
- Drawn Butter, Butter Sauce
- Stuffed with Bread Crumbs
- Cream Sauce
- Casserole
- Bacon, Sausage
- Phyllo Dough
- Pastry Shell
- Hollandaise



GROCERY SHOPPING 101

Before you go:

1. Have a snack if you are hungry
2. Make a list



Perimeter

Aisles

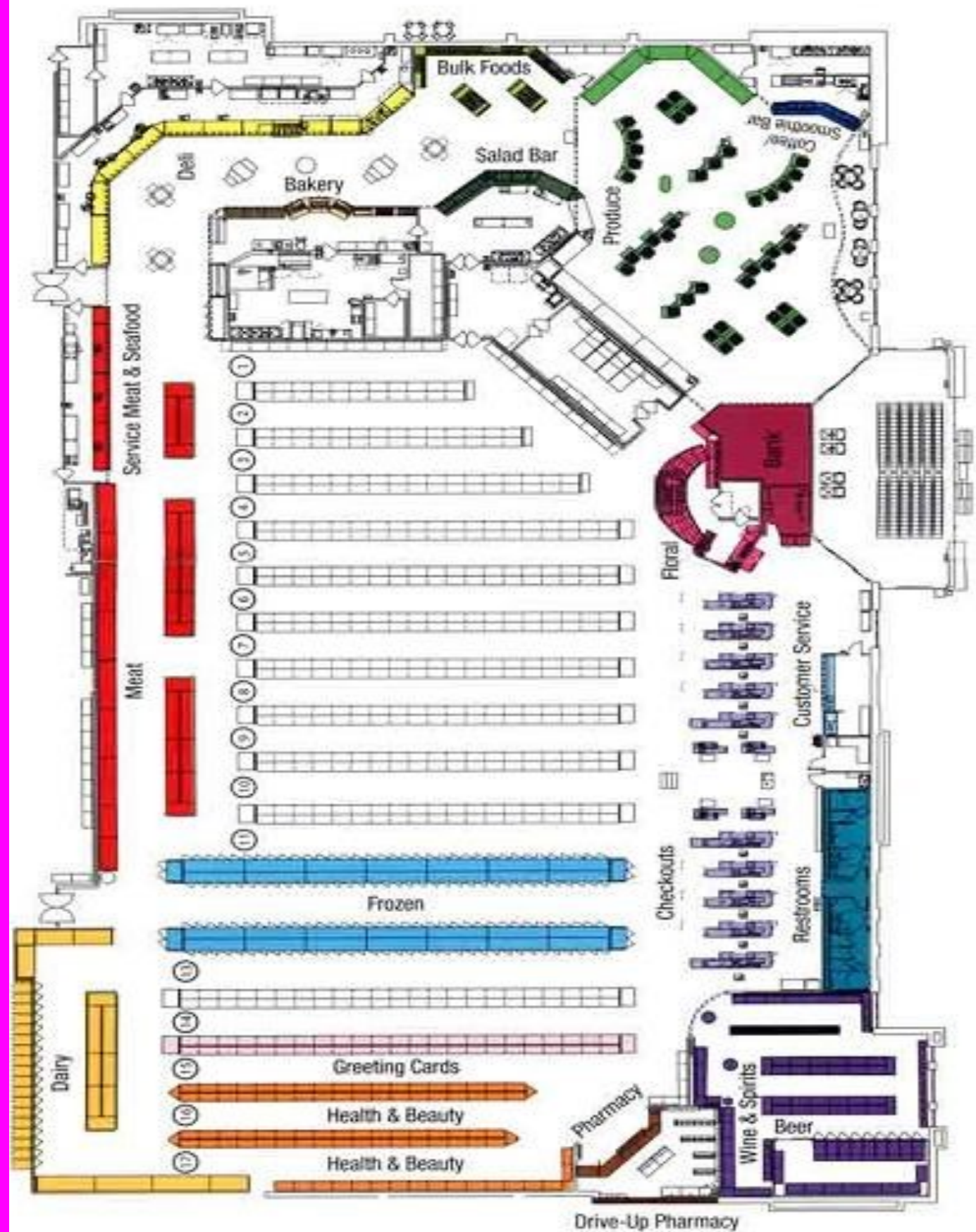


At the store:

1. Try to make most of your food choices from the perimeter of the store.
2. When you are shopping in the Aisles of the store, make sure to read labels.
3. Avoid items that are impulse buys and are on aisle ends.
4. Double check you items when you are putting them on the conveyer belt at check out.



Grocery Store Layout





Decoding the Grocery Store Layout for Healthy Eating

FLORAL- Impulse buys are found at the front of the store and are usually something bright, fragrant and tempting.

COFFEE/SMOOTHIE BAR – These impulse buys can include added empty calories to snack on while shopping.

PRODUCE – Fruits and vegetables are typically at found at the front of the store, this is the best place to load up on low calorie snacks and sides for meals. Make sure to add variety by choosing different colors to incorporate different vitamins and minerals into your daily healthy lifestyle. Choose fruits and vegetables based on what is in season to save money. Already chopped and prepared fruits and vegetables may be handy for quick snacks but there is an added cost for that convenience.

SALAD BAR – Just because it has the word “salad” in it does not mean it is a healthy option. This convenient bar tends to have quick options with calories that add up. It is not just low-calorie vegetables found here, there are many easy to grab “salad” options with high calorie additives such as dressings and mayonnaise drowning the foods.

BULK FOODS – The bulk food section is a great place to get no-sugar added cereals and oats as well as raw beans. Stay away from buying sweets in bulk here, you can end up with more than you thought.

BAKERY – The sights and smells are designed to draw you in and purchase these high calorie treats, but that is it, remember these are for desserts or treats and limit the amount you are consuming. Breads can also be found in this area. Remember to look for “100% whole wheat flour” at the top of the ingredient list and stay away from white bread which provides little to no nutritional value.

DELI – Fresh deli meats can be sliced in this area and you can find just about every deli meat these days made with low sodium. Be aware not to buy too much at once though, there tend to be less preservatives when the meats are freshly sliced so they will not last as long as pre-packaged meats. Prepared foods can also be an easy and sometimes a healthy option, but the challenge is finding out what it is made from and getting the proper serving size. Do not be afraid to ask the deli clerk what is in certain items, especially ones that appear to have a dressing (this is where calories can really add up). Also the container does not have to be completely filled, ask them to only fill half of the container if you know it is going to be too big of a portion.



MEAT & SEAFOOD – All meat has essential vitamins and minerals but it is the saturated fat you need to watch out for. Choose leaner cuts of meat such as chicken, fish, and turkey. Make sure to choose skinless poultry to reduce the amount of fat. Steer clear of sausage, bacon, and fatty cuts of meat or limit these as much as possible. Fish is a good source of omega-3 fatty acids and a low source of saturated fat.

DAIRY – You can get enough calcium from a well-balanced diet filled with fruits and vegetables but if you like milk, choose non-fat over whole. Non-fat has the same amount of protein, calcium and vitamin D with no fat and less calories compared to whole milk. Beware of the added sugar found in flavored yogurts, try adding your own flavors to plain yogurt with fresh or frozen fruits.

FROZEN FOODS – The frozen food section is a great place to find frozen fruits and vegetables that are out of season without the added cost. Look for these without added sugar or sodium, often used for preservation. There are many different varieties of vegetables found here which make it easy to add a vegetable to each meal. This section is also a great place to find quick and easy microwaveable balanced meals. Look for entrees that have less than 500 calories and less than 15g fat, and an added vegetable incorporated in the meal.

WINE & SPIRITS – Alcohol can be healthy in moderation and has been shown to have some beneficial health benefits. Moderation is 1 drink per day for a female and 1-2 drinks per day for a male. If you do not already drink the health benefits are not great enough to start. Alcohol does have empty calories and watch out for sugary additives, such as juice.

CENTER ISLES (1-11): Be careful, these aisles are long for a reason. They force you to walk past lots of items you did not know you wanted until seeing them. The ends are also stocked with high-profit items strategically placed for temptation.

PROCESSED FOODS – This convenience can also be deceiving. Just because products advertise “fat-free”, “sugar-free” or “carbohydrate-free” does not mean that they are calorie free. They make up flavor for these with added fat, sugar, and salt. Make sure to check the nutrition label to see how much you would really be taking in.

CANNED GOODS – Canned products can be a cheap and easy way to add vegetables and beans with the same nutrients found in fresh, although most canned products are loaded with sodium. Buy reduced-sodium versions or make sure to drain and rinse well any item found in a can. The same goes for fruits, except they preserve them in a sugary syrup. Look for fruits in water or light-syrup and drain them before eating.



CEREALS – Cereal is a great way to incorporate whole grains and fiber into a balanced healthy diet. This is also a great aisle to get tricked into health claims. Here is a tip: the healthier cereals tend to be the hardest to reach. Look for high fiber (greater than 5 grams of fiber per serving) and no added sugar. High sugar cereals are typically found on the lower shelves, the perfect height for young children to get tempted.

SALTY SNACKS – Most snacks found down this aisle have lots of calories, too much salt and virtually no nutrients. Try unsalted air-popped popcorn instead of salty snacks with loaded calories. Popcorn is also a good source of fiber with no fat and very few calories.

OILS – All oils are fats and contain 120 calories per tablespoon. Avoid hydrogenated oils that are high in unhealthy trans-fatty acids.

DRINKS/SOFT DRINKS – Drinks are the largest source of sugar intake in American diets. Juices are especially filled

with added sugar, even diet juices. Remember it is better to eat the fruit rather than drink the fruit. Soda is source

of empty calories with no nutritional value; try a diet version of sparkling water if you crave the carbonation.

BOTTLED WATER – Bottled water is a hugely profitable industry with 40% of bottled water starting out as tap water. Try cutting costs by purchasing a reusable water bottle and filling it with tap water, in the US tap water is safe to drink.

CHECKOUTS – You think you are clear and about to checkout but there is one last temptation before you leave. The row of candy strategically placed right at the checkout stand for is perfect for impulse buys. If you find yourself tempted to throw one last item on the belt grab a pack of sugar-free gum to fill that sweet tooth without all the calories.



Grocery Store Image provided by: <http://www.treesfullofmoney.com/wp-content/uploads/2010/02/grocery-store-layout.jpg>

Week 6 *Behavioral* *Exercise*



SPECTRUM OF EATING BEHAVIORS

NORMAL	DISORDERED EATING	EATING DISORDER
>----->	<	<-----<
Eat when hungry most of the time	Stress, emotional, comfort,	Anorexia
Keep in mind over 60% of people are overweight/obese	boredom or social eating	Bulimia – binge + compensate
Normal eaters do overeat on	Bothered by eating pattern and	Vomiting, purging, exercise
occasion, but it doesn't	lack of willpower	Normal, overweight, obese
have major effect on their	May effect health	Compensates reflexively
health or well-being	May be overweight with weight	(becomes not by choice)
Stable weights (even if overweight)	swings from dieting	Binge Eating Disorder (BED)
Exercise/active for health and fun	May exercise to control weight	Binge out of control (not hungry)
Have hobbies and other means of stress control		Guilty, hiding, eating alone
		2 or more episodes per week
		Overweight/obese
		Difficulty controlling weight
		Probably not exercising

Hunger and Fullness

Are you really hungry? Sometimes, we eat because we think we should, the clock says a certain time, or because others are eating. We need to eat when we are truly hungry.

When should you stop eating? You should only eat until you feel satisfied or almost full.

In order to manage how much you eat and your weight, you need to listen to your body. Use the scale below to help determine how hungry you are. Stop eating 2 or 3 times during each meal to ask yourself if you are still hungry or starting to feel satisfied. Feelings of satisfaction or fullness do not happen right away so eating slowly can help. After you finish eating, check again to see how full you are. You never want to be too hungry or too full. It is best to stay **between 3 and 7** on the fullness scale.

Rating	Hunger / Fullness Feelings
10	Uncomfortably full or “sick” – “Thanksgiving full”
9	Stuffed and uncomfortable
8	Too full, somewhat uncomfortable
7	Full, but not yet uncomfortable – hunger is gone
6	Filling up, but still comfortable – could definitely eat more
5	Neutral – neither hungry nor full
4	Slightly hungry, faint signals that your body needs food, but you can still wait to eat
3	Hungry, not yet uncomfortable, clear signals that your body needs food
2	Very hungry, irritable or anxious – you want to eat everything in sight
1	Starving, feeling weak, lightheaded, dizzy, or other extremely uncomfortable symptoms of hunger



TEACHING POINTS - BEHAVIORAL

DEPRESSION and other MH disorders often have a symptom of eating too much (or too little)

Mental Health MEDICATIONS often (not all) are associated with weight gain {these are listed and discussed under Medical section and were mentioned Wk IV}

DISORDERED EATING patterns often associated with poor sleep, pain, boredom, holidays, stress, financial worries, relationship problems etc

NORMAL - occasionally overeat at a holiday dinner, restaurant or buffet. This is the goal to attain. Normal eaters are not 'perfect' .

DISORDERED Eating – overeat, poor choices, binge or graze in response to stimuli/ triggers {mentioned above} other than hunger, and do this often enough that it effects their weight and self esteem. May go on a diet successfully but go off the diet as soon as the next trigger hits. This effects many people and causes much frustration.

EATING DISORDER – a pattern of eating that causes harm to self, you are concerned about your own behaviors but you cannot control them. These can make you very ill including deadly.

Types of Eating Disorder:

- Anorexia - control environment, empower self by NOT eating. Very thin

- Bulimia - irrationally compensate for overeating, binge, or eating something you feel guilty about. Compensate by

 - Vomiting, laxatives, over exercises

- Binge Eating Disorder

 - Rapidly consuming a large amount of food and feeling guilty. Occurs frequently eg 2 or more times a week. Typically is obese or morbidly obese

Binge Eating Disorder (untreated or relapsed) is the number one reason BARIATRIC SURGERY FAILS.

Disordered eating pattern: lifestyle imbalance (stress) -> willpower (low) -> eating behaviors
WHERE to go for help (self refer)! MOVE Psychologist, MOVE Physician, Mental Health Provider

Review Questions

Eating Behaviors

1. True or False

When I am trying not to overeat but I do so anyway once a week when going out with friends/family to a restaurant or buffet I have an eating disorder?

2. True or False

Binge Eating disorder is obvious. Anyone would know.

3. When I overeat 1000 calories and then compensate by taking laxatives (or orlistat), vomiting, fasting, or exercising until I burn 1000 calories, I may have or be at risk for _____

4. If I feel a strong urge to eat (even though not hungry), eat as much food as I can, eat rapidly, feel guilty, hide the containers/wrappers, and feel very guilty I may be at risk for or have _____. Especially if this happens at least twice a week and is affecting my health and weight loss efforts.

5. When bariatric surgery patients fail to lose adequate weight and keep it off, a common reason is _____

See answers on next page

Answers:

False. Eating disorders including overeating at least twice a week. Eating behavior becomes out of your control. You may be experiencing disordered eating however if you are unable to control your weight and your eating affects your self esteem.

‘Normal’ eaters sometimes do overeat when triggered (favorite foods, buffets, etc)

False. Hallmark of binge eating disorder is feeling guilty and hiding the behavior. Typically even those who are friends, family, and/or share a household are not aware. A clue may be lack of weight loss despite trying and no known cause for lack of success found.

Bulimia. Attempts at ‘compensation’ is the hallmark.

Binge Eating Disorder. In the land of free or discounted buffets and dollar menu meals, huge portions,... the issues of guilt and hiding may be dampened by {rationalization} ‘getting your money’s worth’, ‘free’ food, and \$ savings.

Unresolved disordered eating (stress, emotional, comfort, boredom, social) or an Eating Disorder (Binge Eating Disorder, Bulimia). Overeating can be VERY DANGEROUS in bariatric surgery patients – short term and long term.

Food Record

Day	Time	Location	Food/Drink	Amount	Hunger	Mood

Hunger/Fullness Key: 1 = Starving, weak, lightheaded, dizzy 5 = Neutral – not hungry or full 10 = Uncomfortably full or “sick”
Mood Examples: Happy, Content, Bored, Depressed, Neutral, Tired, Anxious, Angry, Sad, Lonely, Stressed, Worried

Use this sheet to record what, how much, where, and when you eat and drink each day. When you do this also stop to think about how hungry you are before you eat or drink and what kind of mood you are in at the time. This helps you to find out if you are eating because you are truly hungry. Share this food record with your **MOVE!** healthcare team.

N14 Version 3.0

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MOVE!

EXERCISE

Is it a bad word? Is it work? Or is it play?



Exercise. What is it? Exercise is moving your body on purpose.

Activity. What is it? Moving because you need or want to get something done.

Exercise & Activity should be:

Fun

Painless

Energizing

Up lifting your mood

Easier the more you do

Contagious

Benefits of Exercise: Health Promotion



Overall Health

Weight Loss

Improves Sleep

Less Injury

Mental Function

Social

Fountain of Youth

Weight Maintenance

Reduces Pain

More Independence

Quality of Life

Productivity

Energizing

Improves Mood

Improves Circulation

Reduced need for Medications

Longer Life

Hobbies

Benefits of Exercise : Disease Prevention

Diabetes
Hypertension
Cancer

Heart and Vascular
Cholesterol
Sexual Dysfunction

Stroke
Blood Clots
Osteoporosis

Excuses. What are yours?



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

How to get started?

Start with what you KNOW you CAN do.

Start easy, short periods, add on **G R A D U A L L Y** in time and intensity

'Snack' on exercise – little bits at a time. 5-10 minutes here and there.

Take your usual and make it more active – like:

- Cheer on your favorite team, play along with them

- Play music while doing house chores

- Tap your feet

- Get outside.

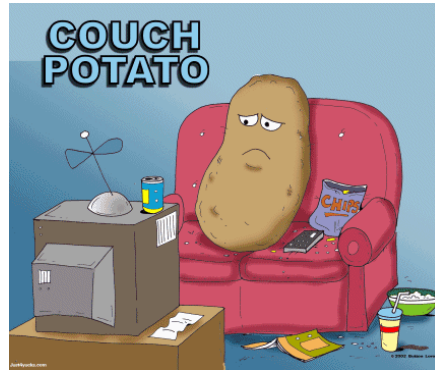
- Walk the dog etc

- Walk when talking on the phone

- Isometrics when sitting or standing

What Are My Goals?

NOT This. Ouch!



EASY. As Little As:

150 minutes per week of moderate level aerobic activity.

Do at least 10 minutes at a time.

Work on strength at least 2 days a week.

Add 250-500 pedometer steps a day each week.

Work up to: . Recommendation:

AEROBIC / CARDIO / FITNESS

30-60 minutes of moderate level aerobic activity per day.

5-7 days per week (nearly every day).

STRENGTH / BALANCE / RESISTANCE

At least every other day.

Include all major muscle groups: abdominal, chest, back, legs, hips, arms

8-20 repetitions per set. 1-3 sets per work out session.

PLUS: be active every day.



Recommended Aerobic:

- Low Impact (easier on your joints)
- Walking
- Swimming, water exercises
- Biking
- Elliptical

Examples of Strength:

- Bands
- Weights, free weights or machine
- Wall push ups, wall squats
- Also Tai Chi and Yoga for strength and flexibility

Pedometer

- Goal 10,000 steps per day. Record your daily total steps.
- Wear it all day to measure exercise and activity.
- Make a MOVE RN appointment for teaching/calibration (optional)



Safety. When to STOP Exercising

Pain, pressure, tightness or discomfort in your chest, neck, arm or back
Severe shortness of breath
Cold sweats
Nausea or vomiting
Muscle cramps
Sudden weakness or changes in feeling in your arms and/or legs
Trouble swallowing, talking, or seeing
Severe headache, dizziness, or lightheadedness
New severe joint pain

MISC:

Diabetes Prevention Trial:

In a large study group of people who were at high risk for developing diabetes, the major diabetes prevention factor was EXERCISE. Patients who exercised beat out early use of diabetes medication and traditional diabetes counseling in preventing new

Water: It is *essential* for life. It is more essential than food.

Drink at least 8 glasses or 4 bottles of water daily.

Water is a proven weight loss tool.

Substitute water for soft drinks, diet soft drinks, alcohol etc.

Be **ACTIVE** Your Way!



The 2008 Physical Activity Guidelines for Americans

Why are they important?

- You can protect your health with physical activity.
- Research shows that 150 minutes (just 2 ½ hours) a week of moderate-intensity physical activity can lead to important health benefits.
- You may also look and feel better too!!!!

What do the guidelines say?

- You should avoid being inactive.
- Some activity is better than no activity.
- Aim for **at least** 150 minutes a week of moderate-intensity physical activity.
- Do strength activities **at least** 2 days a week.



What do moderate intensity and vigorous intensity mean?

- Your body is working at a **moderate** level when you can talk but not sing. Your body is working at a **vigorous** level when you can't say more than a few words without pausing for a breath.



What should I do?

- Write down how many minutes/week you are physically active to see if you are meeting the guidelines.
- If you are doing 150 minutes/week, good for you. Do more for even greater health benefits.
- If not, plan to build up gradually to 150 minutes/week.



How do I do it?

- It is up to you, being active ***your*** way means....
 - Choose activities that work for you.
 - Be active for at least 10 minutes at a time.
 - Spread out activity over the week.
 - Aim to be active at least 3 days each week.



How do I build up my physical activity?

- Start slowly and do a little each time.
- Once you feel comfortable, do it more often.
- Add in vigorous activity if/when you can.
- It's ok to do both moderate and vigorous activity each week.

What about muscle strengthening activities?

- Do these at least 2 days each week.
- Work all major muscle groups: legs, hips, back, chest, abdominals, shoulders, and arms.



Pedometer Initial Setup and Use

Look at Your Pedometer:

- Remove the plastic film from the display and find the three buttons set into the outside edge of the pedometer; **set**, **reset** and **mode** (See photo at right).
- The buttons are sensitive and need a light touch to avoid skipping steps.



Activate the Battery:

- Pull the plastic battery tab completely out of the pedometer.
- The first display you will see is the **time set** screen.

Set the Time:

1. Press and hold the **set** button for 5 seconds.
 - a. The very small word “**Set**” will show at bottom left.
 - b. “**12H**” will flash above the horizontal line.
2. Press **reset** button if you want to switch from 12-hour to 24-hour (military) time.
3. Press **set** button; the “**hour**” will flash below the horizontal line.
4. Press **reset** or **mode** to advance or go back by one until the correct hour is displayed. (For rapid advance/reverse press and hold **reset** or **mode** for more than 2 seconds).
5. Press **set** button again and the “**minutes**” will flash.
6. Repeat step 4.
7. With correct time showing, press **set** again to enter weight.

Enter Your Weight:

- Press **set**; the “**weight**” will flash above the horizontal line.
- Press **reset** or **mode** to advance or go back by one until correct weight is displayed.
- **With** correct weight showing, press **set** again to enter step length.



Enter Your Stride/Step Length:

- For this pedometer, stride is the distance (range is 1 – 6 feet), covered in **one step**. A MOVE! team member can help you set your stride length.
- Press **set** button; the “**stride**” will flash above the horizontal line.
- Press **reset** or **mode** to advance or go back by one until the correct stride length is displayed.
- With correct stride length showing, press **set** again to return to the main screen (steps and time).

Change the Display:

- You may choose from the following screen displays: step/time, distance/speed, calories, exercise step, active time, and memory.
- Press **mode** button until the screen you want is displayed.

Use the Memory Function:

- From the main screen, press **mode** 5 times until the **memory** screen is displayed (See photo at right).



Press **set** to scroll through the past 7 days of information. The number at bottom right is the number of days before today (See photo at left).

- Once at the **7 days before** display, press **set** one more time to see the **Total Steps/Total Exercise Steps** for a total of the past 7 days; note the small word “**TOTAL**” under the steps number (See photo at right).



- Press **mode** to return to the main screen display with steps/time.

If you have problems with set up or use of your pedometer, contact a member of your MOVE! team.

A Guide to Using Your Pedometer

Walking is a great way to help you lose weight, keep the weight off, and improve your health.

Use a Pedometer to:

- Measure how many steps you take.
- Get feedback about your activity.
- Plan, track, and reach your physical activity goals.

How to wear your Pedometer:

- Clip it to your clothing, or place it in a pocket or a bag that you carry or wear.
- Use the leash and clip to keep from dropping or losing your pedometer.
- Do not get the pedometer wet.

Pedometers do not measure:

- Walking for less than 10 steps or 10 seconds at a time.
- Cycling, swimming, some dancing, basketball, and tennis.
- Distances covered while using a manual wheelchair—this requires an odometer/cyclometer.

Getting started:

- Wear your pedometer every day for 1 week.
- The pedometer will count your steps in a 24-hour period beginning and ending at midnight.
- Record your steps on your *Daily Food and Physical Activity Diary*.
- At the end of 1 week, add up your daily steps.
- Determine your daily average by dividing total steps by the number of days.

Increasing your steps:

- Starting with the second week, set a goal to increase your steps. (**Example:** If you average 3,000 steps per day in first week, then set a goal to increase to 3,500 steps per day.)
- Start at a comfortable level and gradually increase steps.
- Create a weekly walking plan/schedule.



- Record your steps every day.
- Set goals that you can reach.
- Update your goals every week.
- Start where you are and build up.
- Choose an activity and a setting that you enjoy: outside, at a mall, at a gym, etc.

Ways to add walking to your lifestyle:

- Take a 10-minute walk whenever you can.
- Take the stairs (up or down) instead of the elevator.
- Take 10-minute walks during lunch and breaks at work.
- Park farther away and walk.
- Get off the bus one stop early and walk the rest of the way.
- Step in place while watching television.
- Walk your dog (or borrow a friend's dog).
- Mow your lawn with a push mower or do other yard work.
- For short distances, walk instead of driving your car.



- Take the long way when walking to meetings.
- Find a regular walking partner.

Other important facts:

- For health benefits and weight maintenance, aim for walking or other physical activity for 150 minutes (2½ hours) per week, in periods of at least 10 minutes.
- To help you lose weight, walk or be physically active **more than 2½ hours per week**. Weight loss may be achieved with 300 minutes (5 hours) per week of physical activity.
- Walking and wheeling are easy, inexpensive, and you can do them almost anywhere.

10,000 steps per day (about 5 miles) meets the Physical Activity Guidelines for Americans.

FITT — Frequency, Intensity, Time, and Type of Activity

When you put a lot of effort into increasing physical activity, you want results! Whether you are a beginner or have experience, FITT will help you build your physical activity program. By following FITT, you are striving to manage your weight and improve your health.

FREQUENCY

*How often
are you active?*



Everyone:

- Be active 5 or more days of the week.
- Start slowly and gradually increase your physical activity.

Beginners:

- Start with 2-3 days of aerobic activity (activity that increases your heart rate). Gradually increase to at least 5 days/week.

Experienced:

- Continue with aerobic activity 5+ days/week.
- Add in 2 days (Tuesday, Thursday) of strength training.

INTENSITY

*How hard are your
heart and muscles
working?*



Everyone (including Beginners):

- Always warm-up, cool-down, and stretch.
- Be active at a moderate intensity (like a brisk walk or gardening).
- Be active at a rate that allows you to talk.
- Slow down if you have trouble breathing or if you can't catch your breath.
- You should stretch after aerobic or strength training. A stretch should never be painful. Some discomfort is normal. You want to feel a slight pull of the muscle.

Experienced:

- Build intensity for aerobic exercise by increasing speed (fast/sprint walk for 30 seconds followed by 1 minute brisk walk) and/or incline/resistance (hills on treadmill, greater workload on bike).
- Increase intensity for strength training by adding weight or only resting 30 seconds between sets.

TIME

*How long
are you
active?*



Everyone:

- Try to stay active for at least 10 minutes without stopping. Remember, some activity is better than no activity. It is okay to build up to 10 minutes.
- Aim for a total of at least 30 minutes of activity throughout the day. For weight loss, increase this to 60 minutes per day.
- Set a goal for the week based on total minutes of physical activity.
- Increase the length of time you are active before increasing the intensity of the activity.
- There are no time goals for strength training.
- You should stretch after aerobic or strength activity. For muscles that were used, hold each stretch for 15-30 seconds. Repeating stretches will increase flexibility.

TYPE

*What are
you doing?*

Everyone:

- All types of physical activity are important...so mix it up.
- Aerobic—these make your heart beat faster—bicycling, dancing, swimming, mowing the lawn.
- Strength—carrying wood, lifting dumbbells.
- Flexibility—seated stretches, yoga.

DEFINITIONS



Aerobic activity is when the body's large muscles move together and your heart beats faster than usual. Examples include aerobics, swimming, running, walking, kickboxing, dancing, and cycling. This type of activity burns the most calories and promotes weight loss.



Strengthening activity is when the body's muscles work against a force or weight. Examples include elastic bands, weights, or body weight.



Flexibility lengthens a muscle while increasing range of motion. Examples include self-stretch, yoga, Pilates, and chair stretching routines.



Lifestyle activity occurs during normal, everyday activity such as vacuuming, walking the dog, mowing the lawn, participating in a walking meeting at work, or dancing.

Review Questions

Exercise and Activity

1. If I'm stressed, anxious, or slept poorly, I should NOT exercise because I might stress my heart.
True or False
2. I can 'save' or make time with exercise.
True or False
3. What are the minimal recommendations and goal recommendations for exercise?
4. I used to be a runner but haven't exercised in years. I can start out with a 3 mile run?
True or False
5. I can't exercise.
True or False
6. What are two proven tools to enhance exercise and weight loss?
7. Exercise is a major way to lose weight.
True or False

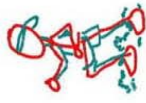
See answers on next page

Answers

1. False. Exercise can relieve stress, stabilize mood, and improve sleep. Exercise is therapy for your heart, lungs, brain, joints, EVERY BODILY ORGAN. You are feeling tired you may consider a milder work up, but don't give it up! Recognize getting started is the hardest part of each exercise session.
2. True. Exercise can make you more efficient, getting your other 'work' and chores done faster and easier. Exercise can make you live longer – more years to do the stuff you want to do. Exercise can be combined with other things – like social. You can be with friends (or make new ones) while going out for a walk, being at a gym, attending dance class, and/or going bowling/golfing. You can play with the kids (or grandkids) instead of 'watching' them.
3. Minimal: 150 minutes per week. GOAL is 30-60 minutes 5-7 days per week. Very successful losers exercise an average of 60 minutes nearly every day. It becomes a part of their lives.
4. FALSE. Even if you were very fit a year ago but haven't exercised since, you MUST START BACK very slowly. Start back 'wimpy' – at a level you know you can currently do now/today. Exercise slow/easy/regularly (at least daily). Advance gradually – add a little more time and/or intensity each week (not each day). Be realistic. You may never become a runner again, but you don't have to. There are plenty of fun things to do!
5. FALSE. Everyone can exercise at some level. Being SEDANTARY (couch potato) kills. You have hundreds of muscles, joints, and body fluids that need moving around. As a requirement to be in MOVE Program, your doctor has 'cleared' you for increased activity.
6. Pedometer, and journal. You can journal food (and count calories) but you can also record exercise/activity/pedometer steps!
7. FALSE. Nutrition (diet) and Behavioral changes typically lead to weight loss. Exercise supports weight loss by keeping you healthy, motivated, energized, relaxed, life longer, improved quality of life, safer, independent etc. Its role in weight loss is to help *maintain* your weight loss, avoiding weight regain. It may take an hour or so of exercise to burn off what you may have consumed in a few minutes.



Physical Activity/Pedometer Log



WEEKLY GOAL: _____

DATE: _____

	Activity Goal	Steps taken using a pedometer	Type of Physical Activity	Activity Time in Minutes	Goal Met Y/N
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Record all physical activity along with the steps taken each day if using a pedometer. Record how long you were active and for how long you planned to be active. Record Y (yes) or N (no) if you met your daily goal. Share this information with your **MOVE!** healthcare team, and use it to set future goals.



Physical Activity/Pedometer Log

WEEKLY GOAL: _____

DATE: _____



	Activity Goal	Steps taken using a pedometer	Type of Physical Activity	Activity Time in Minutes	Goal Met Y/N
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Record all physical activity along with the steps taken each day if using a pedometer. Record how long you were active and for how long you planned to be active. Record Y (yes) or N (no) if you met your daily goal. Share this information with your *MOVE!* healthcare team, and use it to set future goals.



Week 7

Bariatric Surgery

BARIATRIC SURGERY

Objectives:

- Who qualifies
- The surgery
- Expectations
- Complications
- The alternative

Measure of Success

Most Commonly

- Successful bariatric surgery is a loss of 50% of *excess* body weight, with possibility of 100 lbs weight loss in one year!

BARIATRIC SURGERY– What is it?

- Gastric Banding
 - **Adjustable gastric banding**
 - Vertical banded gastroplasty
 - Formerly ‘stomach stapling’
- Gastric Bypass
 - **Roux-en-Y gastric bypass**
 - Mini gastric bypass

TWO Components of Surgery

■ Restrictive

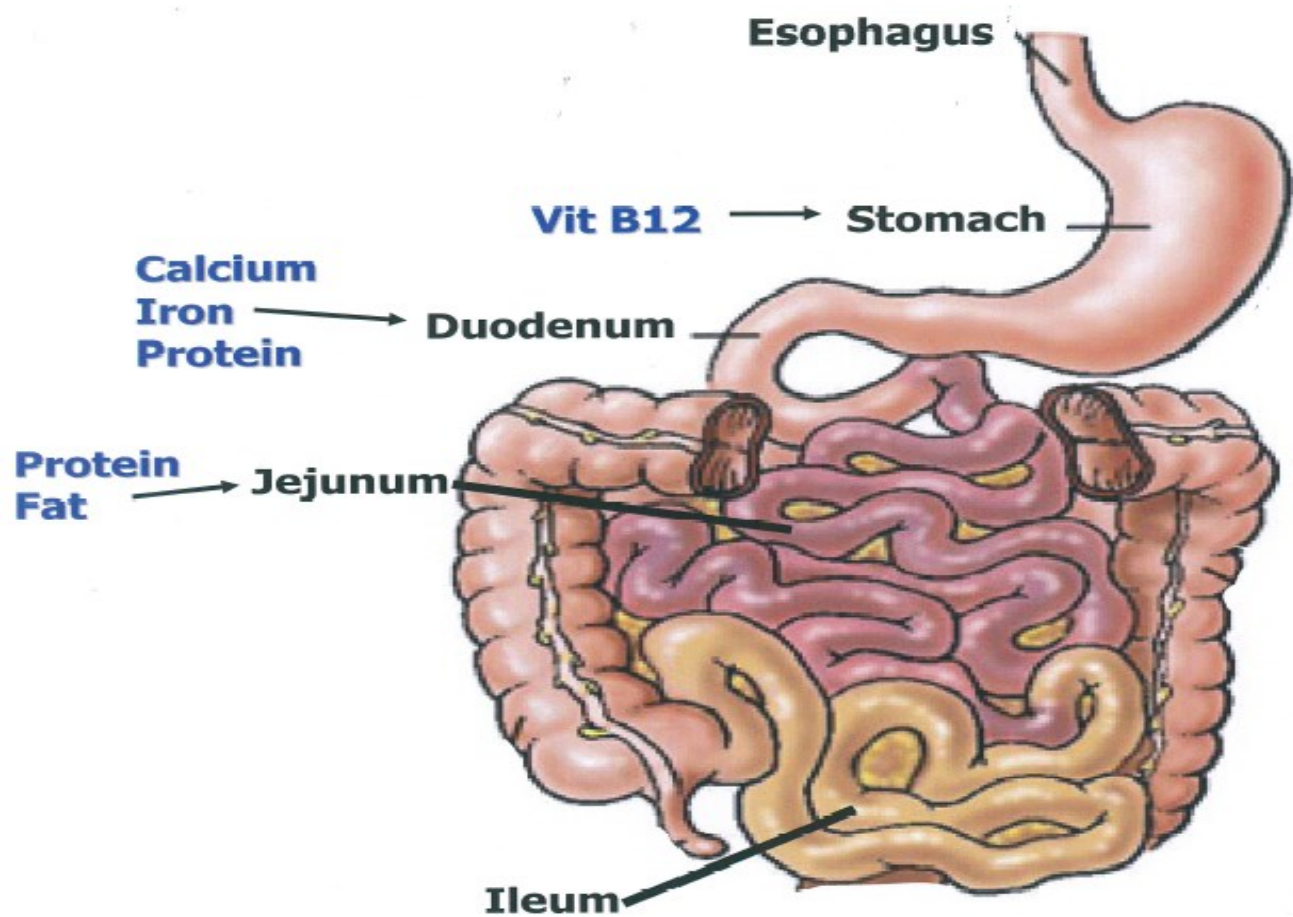
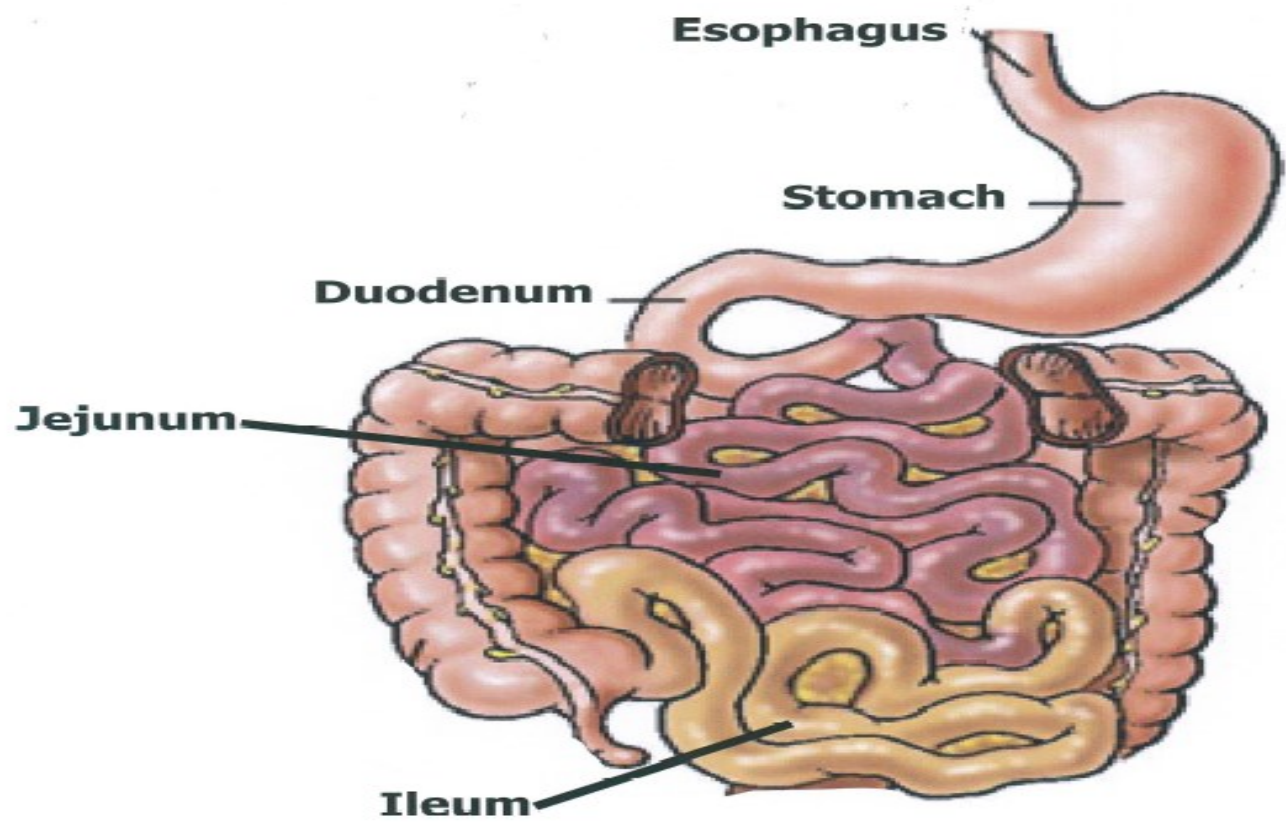
Gastric Banding

- Small stomach pouch
 - Holds 6-10 tsp or 1-5 oz food. Size of a plum.
- Severely limits food intake by volume
- Stomach capacity reduced by 90%

■ Malabsorption

Gastric Bypass

- Bypasses most of stomach & early part of small intestine
- Mid-small intestine reconnects to stomach
- Less food absorbed



Laparoscopic Sleeve Gastrectomy

General Information:

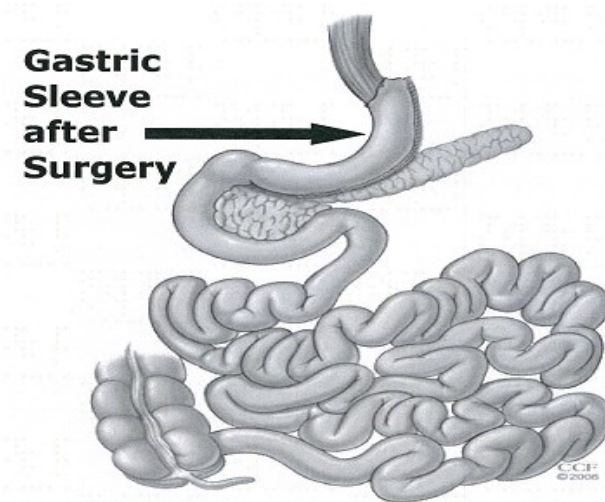
- New to bariatric surgery
- Restricts capacity while maintaining normal functionality
- Used as staging process in very high risk patients

How is it performed?

- Done laparoscopically by making 5-6 small incisions in the abdomen with a video camera and long instrument through these small incisions
- 75% of stomach removed leaving a narrow tube or “sleeve”, no intestines are removed or bypassed
- Procedure takes 1-2 hours (short operative time is an important advantage for patients with severe heart and lung disease)

How does it cause weight loss?

- Reduces size of stomach which limits amount of food that can be eaten at one time
- Causes decrease in appetite
- Reduced amount of hunger hormone “ghrelin”
- Duration of effect is not clear but patients have decrease in hunger post Procedure



Who qualifies?

- Used as a staged procedure for those patients who are high risk (very high BMI or with severe heart/lung disease)
- If done as a staged approach, second stage which is gastric bypass is done 12-18 months after
- Primary weight loss procedure for those with lower BMI

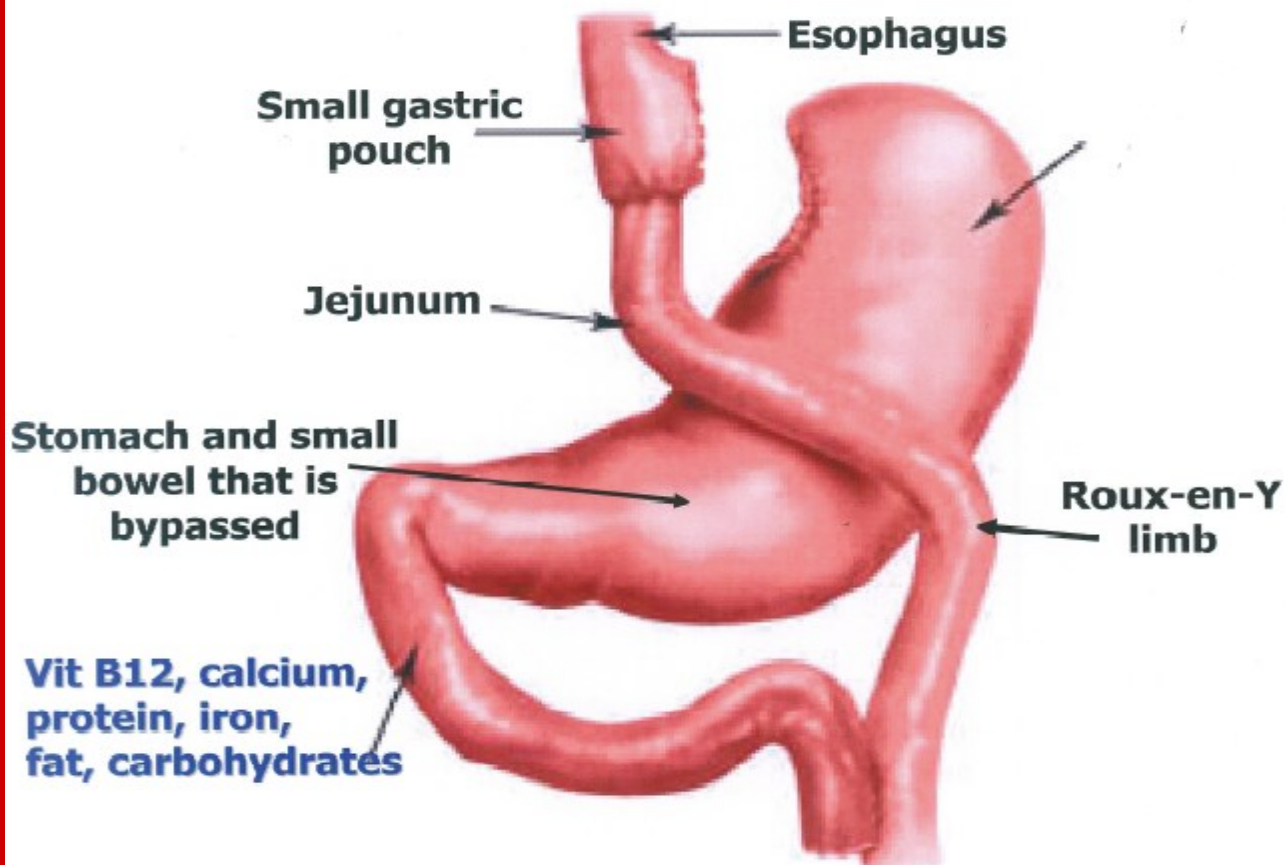
Why so much weight loss?

- High BMI: lose 50% of excess weight within 2 years
- Low BMI: lose 60-80% excess weight within 3 years
- More weight loss than lap band: about 18% better success rate
- 75% improvement/resolution of major obesity related comorbidities: Diabetes, hypertension, sleep apnea, hyperlipidemia

What are the risks?

- 5-10% less than risk with gastric bypass
- Leak from the “sleeve” which can cause infection or abscess
- Deep vein thrombosis and or pulmonary embolism
- Narrowing of the sleeve which may require need for endoscopic dilatation that can cause bleeding
- Major complication requires reoperation-very uncommon after this procedure and occur in less than 5%

Gastric Bypass



What Happens to the Bypassed Organs?

- Stomach and Duodenum
 - Remain but no food passes through
 - Still perform some of their biologic function such as secretions
 - Non-reversible. Remnant organs will NOT be reattached.
 - Connection sites (anastomosis) are at risk for leaking & ulcers even long after surgery

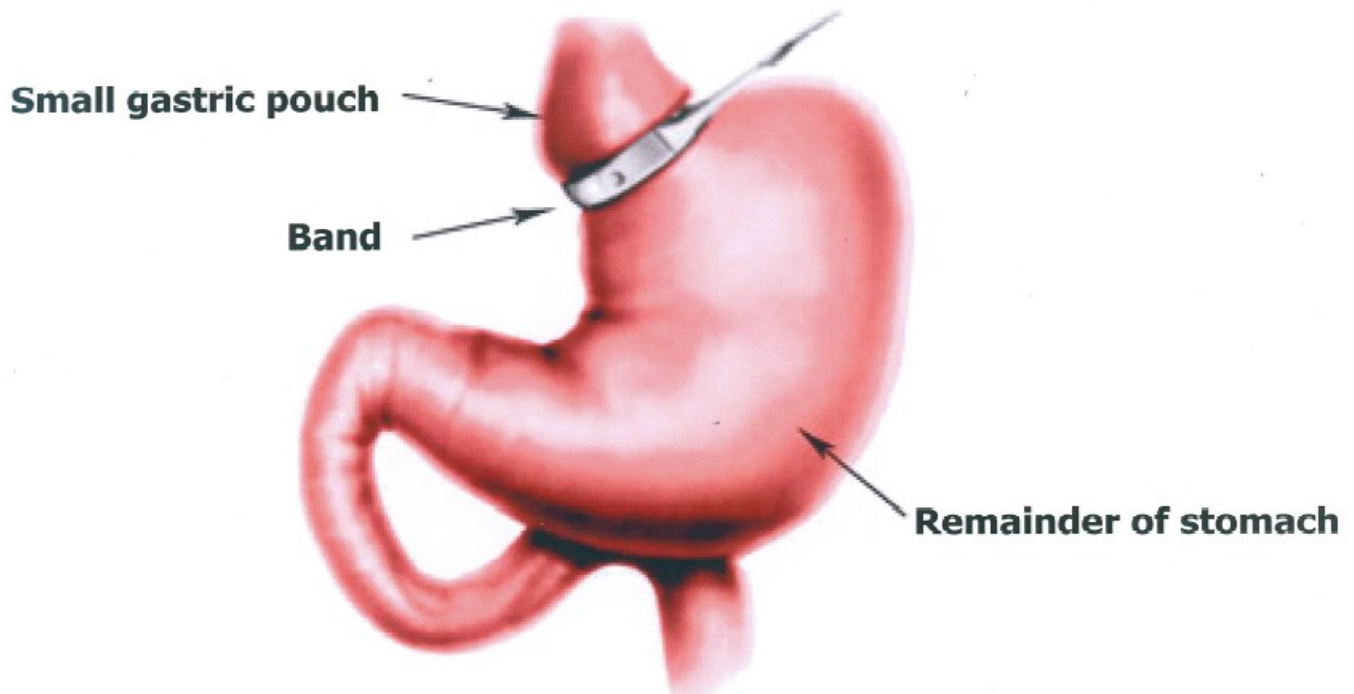
Who Qualifies (Guidelines)

- BMI 40-50
- BMI >35 with > 2 co-morbid conditions, diabetes, sleep apnea, severe arthritis, heart disease
- Age < 65
- Completed an intensive weight management program
- Lifestyle changes - Permanent
 - Dietary changes
 - Exercise
 - Quit tobacco
- Screening/clearance
 - Psychiatry
 - Cardiology/Pulmonary
 - Possible Tests: cardio stress tests, echocardiogram, pulmonary function tests, arterial blood gas
 - Social Support
 - Dietitian: frequent visits throughout the year
- Medical conditions will benefit from massive weight loss.
- Willing to get medical follow-up long term.
- Resolved disordered eating: stress, boredom, emotional, binge eating, compensation by vomiting, laxatives after overeating

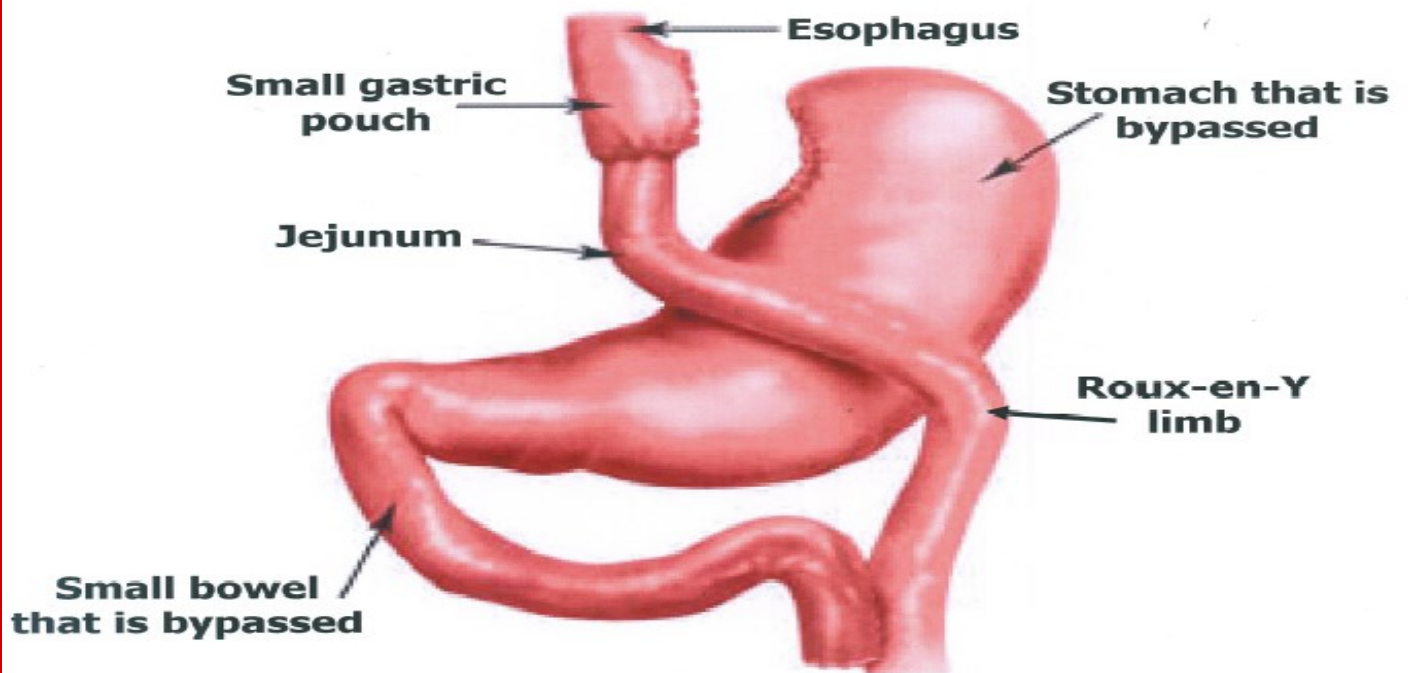
Pre-Operative Preparation

- Lose at least 10% of weight
- 1 week liquid protein diet
- Exercise program in place
- Understand surgery and diet
- All Qualifiers met
- Education Education Education
- Meet with dietitian individually one week prior to surgery

Gastric Banding

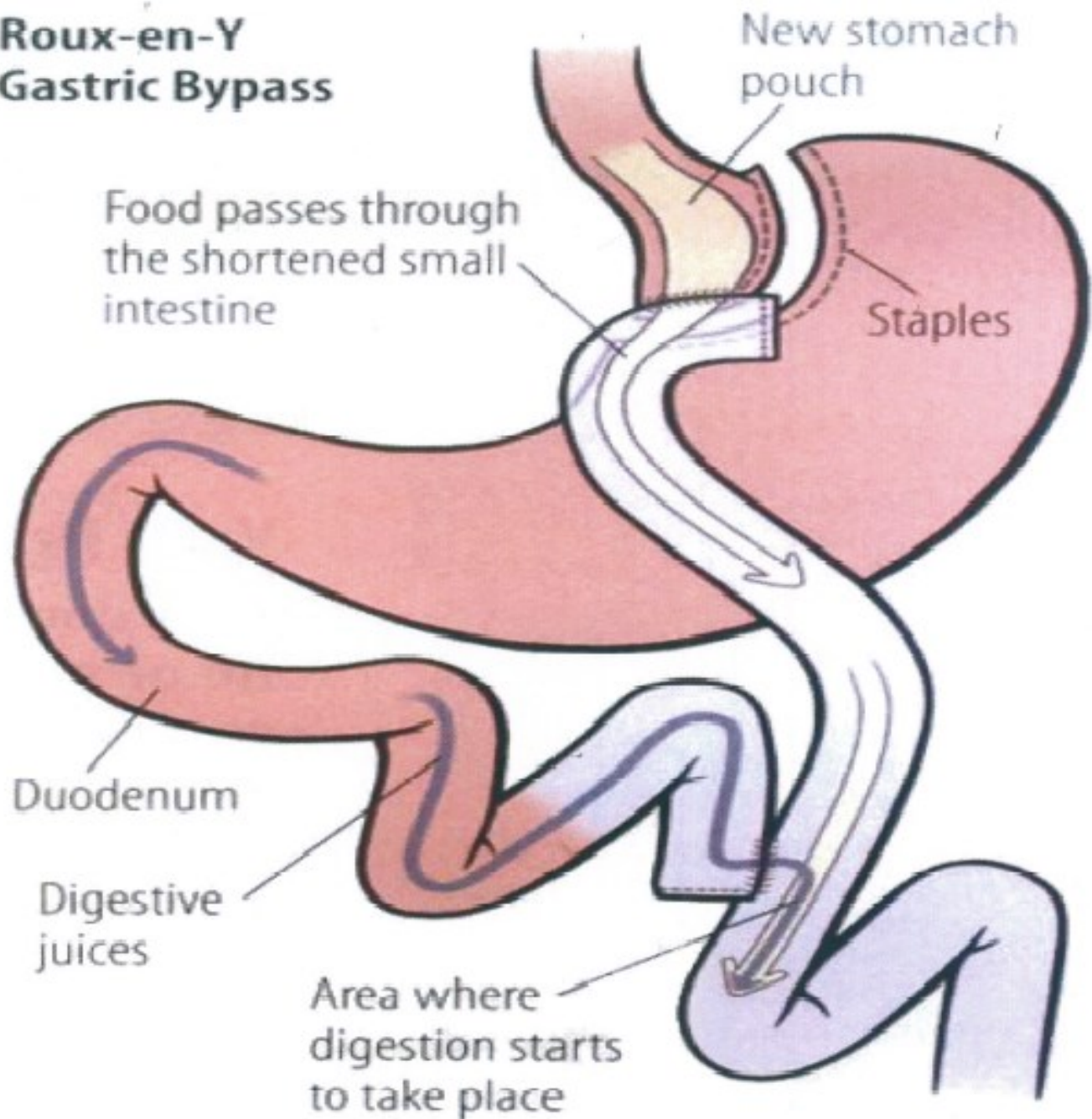


Gastric Bypass



Gastric Bypass

Roux-en-Y Gastric Bypass



Post-Operative Diet

- **Day 1** – 30 cc medicine cup of water –
(6 teaspoons of liquid food for the day)
- **Day 2** – sugar free clear liquid diet
- **Day 3** – protein liquid diet no more than 8 oz/hr duration 4 weeks

One Month

- Transition to soft moist protein foods
- 3 oz protein food each meal – tuna, cottage cheese, fish, eggs, pureed chicken
- Wean from protein drinks

Diet – 2 months

- Protein food first – size of deck of cards
- 3 small meals, 2-3 snacks per day
- Add starches, fruits, vegetables
- Normal food consistency
- Avoid sweets, fatty foods
- Add only one new food at a time (so you know how your body reacts to it)

Diet - Lifelong

- Adequate protein
- Small portions (avoid stretching stomach pouch)
- Vitamin, mineral and calcium supplement
- Water. No carbonated drinks. Minimize artificial sweeteners.
- May require injections of B12 monthly.

Medication Changes Comparison

No surgery / Obesity

- Diabetes meds
- Blood pressure meds
- Cholesterol meds
- CPAP for sleep apnea
- Frequent medical visits & labs

After surgery / major loss of weight

- Chewable or liquid form
- Vitamin (multiple)
- Minerals (calcium)
- Supplement (protein)
- Injections (B12)
- Frequent medical visits and labs

Medication Changes

- Multiple vitamin/mineral supplement
- Calcium/Vitamin D supplement
- Avoid long acting, continuous release, or capsules when possible.
These may pass thru before being absorbed in the short digestive tract.
- Avoid long acting insulin. Use short acting 'R' that can be adjusted to scale
- Diuretics (water pills) for blood pressure should be re-evaluated
- NO NSAID pain medications (Advil, Aleve, Motrin, ibuprofen, Naproxen)

Medications & Prosthetic Devices after Major Weight Loss

- Need for medications for diabetes, blood pressure, and cholesterol is often reduced.
- CPAP can often be adjusted to less volume pressure
- Canes, walkers are often not needed
- Home supplemental Oxygen is often eliminated

Labs

- Nutritional labs checked at least every 6 months for the first year & at least twice yearly lifelong:
 - Basic kidney, liver, glucose, potassium, sodium, etc
 - Anemia – B12/folate, iron etc
 - Other: parathyroid, calcium, magnesium, zinc, and other vitamins as indicated

Vitamin Deficiency

B-vitamins are the quickest to deplete (less is stored). Also vitamin C

- B12 deficiency can cause permanent nerve damage - neuropathy
- Thiamine (vitamin B1) deficiency can cause Wernicke's syndrome (confusion/memory & coordination loss, visual loss) – a permanent mental condition
- Bone loss and bone disease (osteomalacia) can occur

Complications - Immediate

Nausea/vomiting

- Wound separation
- Infection
- Peritonitis – wound leakage and inflammation
- Dehydration
- Hair loss
- DVT/Pulmonary embolism (blood clots)

Mortality

- Typically 1% when (one in 100 patients) will lose their life within 30 days of the gastric bypass surgery

Complication Rate

- Typically 30-40% complication rate.
- Majority of these complications are readily treatable.

Complications – Long Term

- Malabsorption / nutritional deficiencies
- Gallbladder, liver, pancreas, kidney stone problems
- ‘Dumping Syndrome’
- Re-stretching of gastric pouch
- Abdominal hernia
- Gastric stenosis (tightened inlet), severe acid reflux
- Ulcers
- Bowel obstruction

Dumping Syndrome’

- Feeling of nausea, flushing, weakness, bowel discomfort, loose stool associated with eating
- Usually associate with carbohydrates/sweets
- Is a ‘negative feedback’ for eating excess quantity or excess carbs/sweets. This can be a good thing as long as able to eat good nourishment.

Other Considerations

- Permanent change in anatomy
- One time option. Exception is only to repair complications of initial surgery.
- If doctors in primary care, emergency room, hospital, and radiologist are not aware of your surgery/new anatomy, your medical care may be compromised. Always let any new Dr know that you have had this surgery.
- This is long term – permanent change: different from other surgeries where you have a problem, the surgeon fixes it by surgery, you heal and life goes back to prior eating.
- If you return to prior eating habits, the stomach will stretch to prior, you will lose the fullness & ‘dumping’ benefit. You WILL regain weight.
- What are you expecting life to be like when you reach goal weight?
- What are your reasons and expectations?
- Will life after gastric bypass surgery give you what you are expecting?

Bariatric Surgery in VA

- Nationwide regulations dictate that all Bariatric surgeries be performed at a ‘Center of Excellence’.
- Our VA referral center is now Loma Linda. Usually 3 visits are required – pre-op, surgery, post-op.
- Our MOVE Program staff do the extensive management with exception of the 3 surgery visits.
- How to get a referral
- Be active in the MOVE Program
- Show evidence of long lasting lifestyle changes
- Show at least a 5% and preferably 10% loss of weight sustained
- Meet with Dr. Ferguson for an individual counseling and physical exam
- Must meet with members of bariatric panel-MOVE Nurse provides guidance on who to make appointments with
- MOVE Panel meets a few times per year to review possible candidates
- Letters are mailed to patients once decision has been made

Bariatric Surgery

- Clearances: social work, psychiatry, cardiac, pulmonary
- Tests: blood labs, pulmonary function, possible heart stress test
- No tobacco, No Home O2 dependence, No alcohol/drug abuse, No unstable mental health, no binge eating disorder, No exclusionary medical conditions
- No guarantee of being accepted for surgery

Plastic Surgery

- Panniculectomy is an option after major weight loss.
- This surgery removes the excess abdominal skin left after the fat is gone.
- Results are tighter abdomen, but does leave a major lower abdominal scar.
- VA does not offer thigh, buttocks, arm and breast plastic surgeries.

Benefits of Bariatric Surgery (and Major Weight Loss by any means)

- Healthier weight
- 83% of diabetic have normal sugars
- 70% of patients with hypertension achieve normal blood pressures
- 66% of patient with sleep apnea will be asymptomatic
- Improved obesity related quality of life

Benefit and Success

- Health benefits are from the weight loss.
- Surgery is a tool in obtaining the weight loss.
- Long term success of weight loss and maintained weight loss depend upon the patient. MOVE staff are here to assist and support.

Reasons Surgery Fails

- Poorly controlled emotion eating and stress eating
- Binge eating disorder

Bariatric Surgery

- **Is the most effective form of long term weight management currently available?**
- Why undergo the risks? Because there is health risk involved every day that you carry the excess weight.

Alternatives

- Slow, long term lifestyle changes without surgery
 - Diet
 - Exercise
 - Healthy Habits
 - Option use of weight loss medications
 - Long term education, counseling and support

Your Choice to consider the option of Bariatric Surgery

- The bariatric surgery option can be explored with you at any time after completing the 11-week Healthy You / MOVE program. No decision required today.
 - In fact, taking longer in your decision by exhausting all other options first may make you a better candidate. Making gradual healthy changes will make you better prepared.
- It is a good option for some after much consideration and failure of all other options.

Questions?

For a Successful Weight Loss with Bariatric Surgery

It is important to note that lifestyle and behavioral changes are necessary to be successful with your weight loss journey.

1. Eat three meals a day and limit unnecessary snacking in-between meals. This weight loss surgery is a restrictive procedure, which means that the success of weight loss depends on what you are eating. Unhealthy snacking in-between meals (e.g. pretzels, crackers, cookies, etc.) or eating frequently may prevent successful weight loss or cause weight gain due to excess calorie intake.

2. Eat slowly and chew your food until LIQUID. Failure to do so can cause pain, nausea, vomiting, and irritate your new pouch. It is very important to chew very thoroughly... **until it's liquid**. Also, remember to cut your food into small pieces before eating it.

Try waiting one minute in between bites. Allow at least 30 minutes for a meal

3. Avoid concentrated sugar. Keep sugar out of the first 3 ingredients on the food label. The number of sugar grams on the label includes both added and natural sugars; therefore, it is important to read the ingredients to find out what type of sugar the food contains. Aim to keep the “sugars” down to 15 grams or less per serving to help limit “empty calories” in your diet.

Avoid these simple sugars, especially if within the first 3 ingredients on food labels: sugar, dextrose, high fructose corn syrup, corn syrup, glucose, sucrose, molasses, and honey. .
Note: Artificial sweeteners such as nutrasweet/Equal®, saccharine/Sweet & Low®, and sucralose/Splenda® are acceptable to use.

4. Limit high fat foods. Low fat is 3 grams or less per serving on a food label. Examples of high fat foods: potato chips, fried foods, fast food, bacon, sausage, hot dogs, bologna, pepperoni, cream soups, alfredo sauce, donuts, cakes, cookies, and pastries.

5. Stop eating when you feel comfortably satisfied. Overeating can cause nausea, vomiting, and the size of your stomach to stretch. It can take 6-9 months for your new stomach size to stabilize.

6. Drink adequate fluids to prevent dehydration. Aim for 48-64 fl oz (6-8 cups) of fluid per day.

Sip on your beverages, no gulping! Avoid carbonated beverages, beverages containing sugar and alcoholic beverages. Choose sugar-free, non-carbonated drinks such as: Crystal light®, Fruit 2O®, Diet Snapple®, Propel Fitness Water, Light Minute Maid® drinks, Diet Ice Tea, etc. Limit fat free milk to less than 16 ounces per day, limit 100% real fruit juice to less than 8 ounces per day (try diluting with water). Tips:

- Wean off carbonated and caffeinated beverages before surgery to help prevent withdrawals.
- Choose beverages with **10 calories** or less per serving.
- If plain water sits heavy and you are having problems tolerating it add a sugar-free flavoring (e.g. True Lemon®, lemon or orange slice, etc.)

Increase your fluid intake if any of the following signs are present: dark urine, headache, dizziness, lethargy, a white coating on the tongue.

7. **AVOID eating and drinking at the same time.** Avoid drinking with your meal, then wait at least 30 minutes after a meal to resume drinking.

8. Choose your food choices wisely. Protein should be consumed first at each meal, then vegetables and fruits, then “whole” grains.

9. Exercise! Aim for at least 30 minutes every day. Exercise helps maintain long term weight loss. Even 5 minutes at a time, as tolerated, is a start, and increase the time and frequency as tolerated. The first four weeks, walking should be used as the primary exercise. After four weeks, try introducing strength exercises. Always speak with your doctor if you have never exercised.

10. Protein. You need to consume at least **60-80 grams** of protein per day in the form of food and/or supplements. **Protein Content of Common Foods**

About the OAC

The Obesity Action Coalition (OAC) is a non profit patient organization dedicated to educating and advocating on behalf of those affected by obesity, morbid obesity and childhood obesity. The OAC distributes balanced and comprehensive patient educational materials and advocacy tools.



The OAC provides numerous beneficial resources for patients, as well as professionals. All OAC resources are complimentary and may be ordered in bulk. To request materials, please contact the OAC National Office at (800) 717-3117 or send an email to info@obesityaction.org.

OAC Resources

The OAC believes that patients should first be educated about obesity and its treatments and also encourages proactive patient advocacy. The OAC focuses its advocacy efforts on helping patients gain access to the treatments for morbid obesity. As a membership organization, the OAC was formed to bring patients together to have a voice with issues affecting their lives and health. To learn more about the OAC, visit www.obesityaction.org or contact us at (800) 717-3117.

Newsletters

Obesity Action Alert - the OAC's free monthly electronic newsletter

OAC News - OAC's quarterly education and advocacy newsletter

Brochures/Guides

Are you living with Obesity? Brochure

Advocacy Primer: *Your Voice Makes a Difference*

BMI Chart

OAC Insurance Guide

State-specific Advocacy Guides

Understanding Obesity Series

- *Understanding Obesity Brochure*
- *Understanding Obesity Poster*
- *Understanding Morbid Obesity Brochure*
- *Understanding Childhood Obesity Brochure*



OAC Membership

The OAC was founded as the "patient voice" in obesity. As a membership organization, the OAC exists to represent the needs and interests of those affected by obesity and provide balanced and comprehensive education and advocacy resources. Membership in the OAC is integral in strengthening the voice of the millions affected by obesity. Various membership levels are available and each is accompanied with several valuable benefits such as:

- Official membership card/certificate
- Annual subscription to *OAC News* – OAC's quarterly educational and advocacy newsletter
- Subscription to *Obesity Action Alert* – monthly e-newsletter distributed on the 1st of each month
- Access to valuable educational resources and tools
- Patient representation through advocacy, in addition to information on advocacy issues concerning patients

Yes! I would like to join the OAC's efforts. I would like to join as a/an:

- ☐ Patient/Family Member: \$20
- ☐ Professional Member: \$50
- ☐ Physician Member: \$100
- ☐ Surgeon Member: \$150
- ☐ Institutional Member*: \$500 (*Surgery centers, doctors' offices, weight-loss centers, etc.*)
- ☐ OAC Chairman's Council*: \$1,000 +

* These membership levels have exclusive benefits.

Mail to: OAC
4511 North Himes Ave., Ste. 250
Tampa, FL 33614

Or Fax to: (813) 873-7838

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

Enclosed is my check (payable to the OAC) for \$ _____.

Please charge my credit card for my membership fee:

☐ Discover® ☐ MasterCard® ☐ Visa® ☐ Amex®

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

PATIENT OBLIGATION
FOR BARIATRIC SURGERY

AGE	Less than age 65
BMI/WEIGHT	Greater than 40, or BMI greater than 35 with two obesity related Chronic conditions such as diabetes, heart disease, High blood pressure, And/or sleep apnea Weight less than 400 lbs and BMI less than 50 Steady consistent weight loss, preferred 10% or more No persistent weight loss/regain cycles 'yo yo' dieting
MEDICAL HISTORY	No unstable heart condition No severe lung condition nor home oxygen dependency No liver cirrhosis or active hepatitis No severe kidney disease or dialysis No history of pulmonary embolism (blood clots in lung) No active cancer No chronic oral steroid use No supplemental oxygen dependency
SURGICAL HISTORY	No prior gastric (stomach) surgery No multiple abdominal operations No complicated hernia operations No prior severe abdominal infections No prior gastric/intestinal bypass surgery
MENTAL HISTORY	No unstable depression, psychosis, schizophrenia No active binge or impulsive overeating disorder No anorexia or bulimia eating disorders No unstable psychiatric condition

PATIENT OBLIGATION

FOR BARIATRIC SURGERY

SOCIAL HISTORY	No tobacco in past 2 months, prefer none past 6 months No heavy alcohol use, more than 2-3 per day No drug abuse problems, prescription or illegal No drug, alcohol, or tobacco dependency Must be in stable home environment with support person Must have financial means to purchase nutritional protein Supplements, vitamins, and other nutrients Must have transportation for follow up health care visits
EXERCISE	Must have established exercise regimen Must include active conditioning and resistance exercise Long term after surgery
GENERAL	Must have made permanent healthy lifestyle changes Regular visits with providers, no missed appointments Willingness and resource to follow up with a health care Provider every month after surgery and every 3-4 months for life Willingness to take nutritional supplements and monthly Nutritional injections as needed Must have completed Healthy You, MOVE, or Comparable approved weight management program. Must have received comprehensive education on bariatric Surgery to include: risks, complications, diet, and medica- tion changes Must remain active in Maintenance Program
MEDICAL CLEARANCES	Cardiology Pulmonary Social Work Psychiatry

PATIENT OBLIGATION

FOR BARIATRIC SURGERY

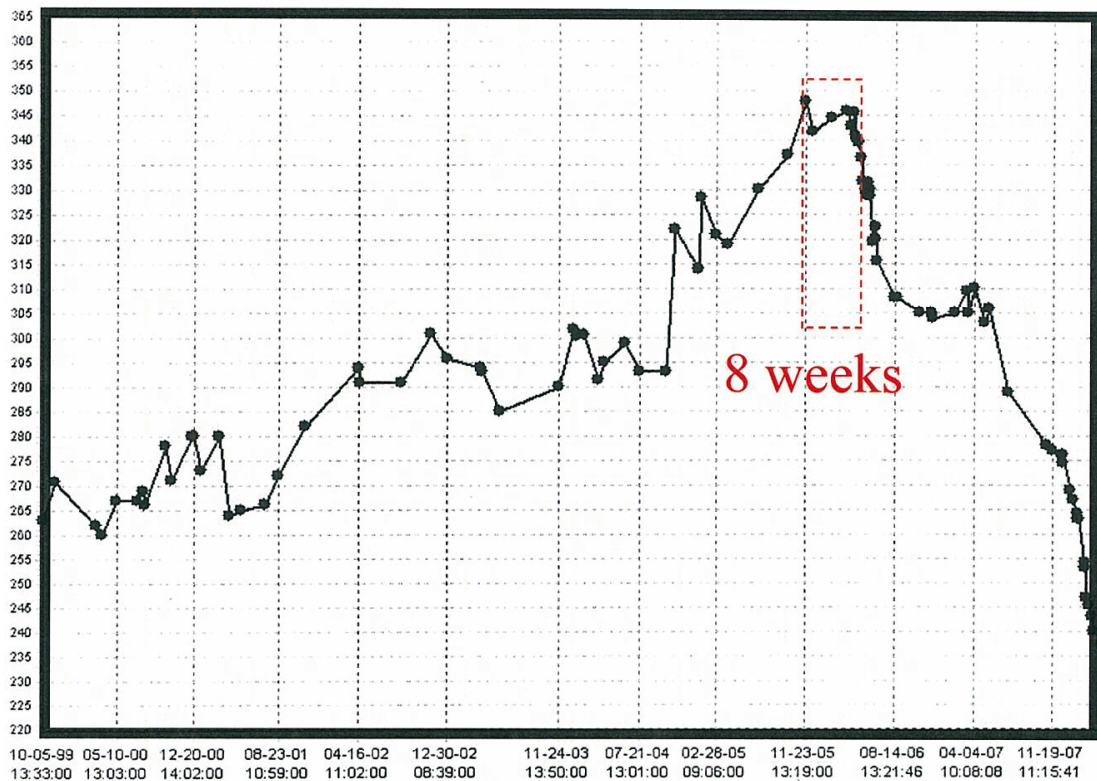
TESTING

Cardiology stress tests
Cardiology Echocardiogram
Pulmonary function and arterial blood gas tests
Abdominal/gall bladder ultrasound
Extensive psychological testing
Lab blood work

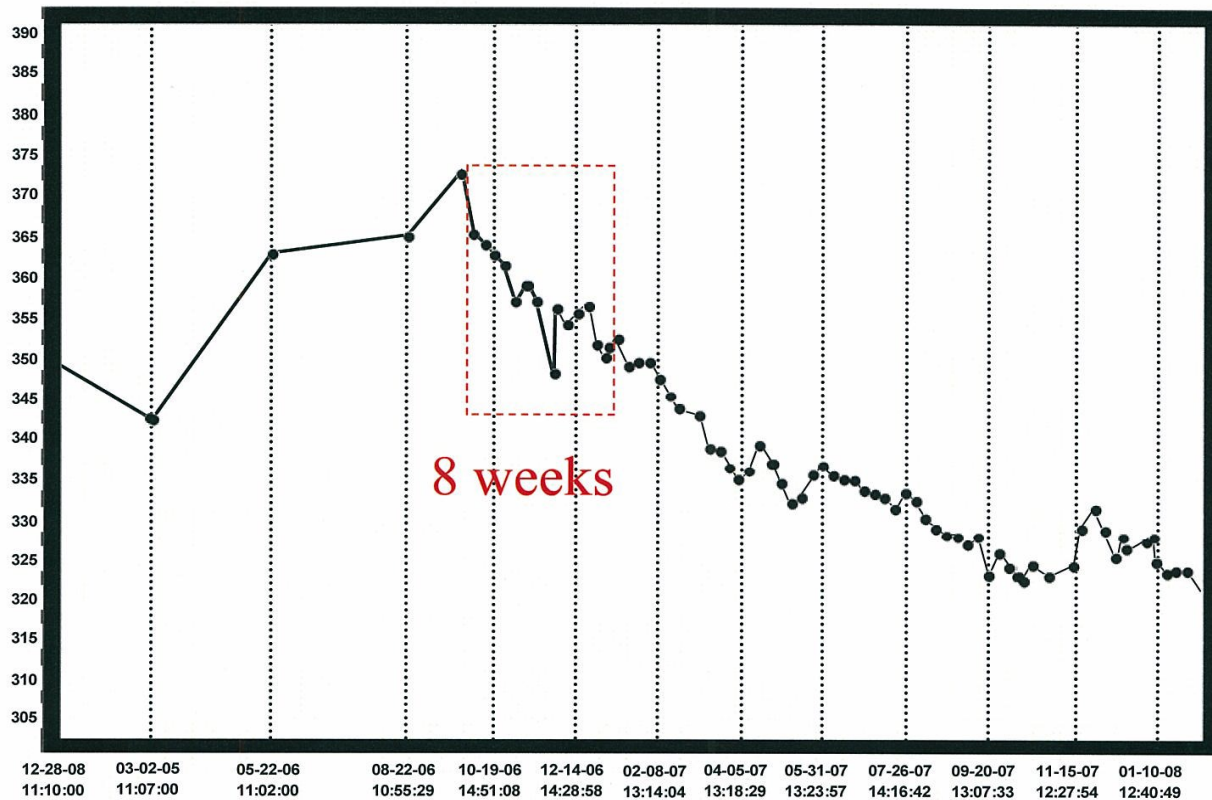
OTHER

Final pre-operative review with dietitian within
One week of surgery
Strict compliance with diet and other post-surgical
Discharge instruction
Surgery does not replace the hard work of weight
Management. Healthy nutrition habits, exercise,
and behavioral changes (relationship with food)
Are required lifelong. Surgery is a tool to
compliment the lifestyle changes
You continue to adhere to.
Patients with highest weights/BMI, increased age,
And multiple medical conditions have highest
Complication rates statistically
Complications minor are frequent. Complications
Major are few but may include death.
Gastric bypass is Non-Reversible – permanent.
Laparoscopic Banding typically is non-reversed,
hardware present lifelong
Laparoscopic banding requires adjustment surgical
visits
Bariatric surgery is ‘elective’ surgery. It is not medically
required, contrary to what some believe
Outcomes are not guaranteed.
Final clearance with surgeon – no surgery is guaranteed
At any point of the process

Week 8
MOVE
Lifelong Classes



**LOST 115 POUNDS IN 2 ½
YEARS WITH NO SURGICAL
PROCEDURES**

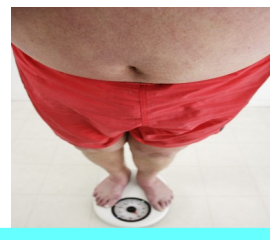


**ONE YEAR AND 6 MONTHS
FROM 372.5 LBS TO 320.8 LBS**

KEYS TO SUCCESSFUL WEIGHT MAINTENANCE

- Weight regain is a true risk. Some information below is obtained from the National Weight Control Registry – those who have successfully lost and maintained a greater than 30 lb weight loss. Maintaining weight loss is hard work. Be prepared.
- Know yourself. Recognize your problems patterns, weaknesses, vulnerabilities, and strengths. If you regain 5 lbs, ask for HELP!!
- Those who have control of their emotional eating, boredom eating, stress eating and binge eating do better at maintaining weight loss.
- Set a goal. Surround yourself with support to get you to that goal and stay there.
- Wear fitted clothes. Avoid loose elastic waist and jogging pants.
- Avoid yo-yo / relapse. Weight regain is hard to recover from – harder to re-lose the weight each time.
- Recognize a ‘medical trigger’ – a health reason why you need to attain and maintain a lower weight (eg diabetes, heart disease)
- Eat breakfast.
- Engage in physical activity / exercise 60-90 minutes every day, doing something that you enjoy doing
- Successful losers and maintainers eat consistent throughout the week, weekends, and holidays. They don’t ‘diet’ during the week and take diet ‘days off’.
- Successful losers and maintainers eat less variety of food.

Greatest risk of regain is immediately after the loss. The longer you keep the weight off, the easier it gets to maintain.



MAINTAINING YOUR WEIGHT LOSS

If we do nothing, we gain weight. Heavy people gain weight at a higher rate.

Successful losers share their secrets by self-report to a national data bank – the National Weight Control Registry (NWCR) – which has over 4000 participants.

Definition: Successful weight loss is defined by NWCR as a loss of 10% initial body weight and not regaining it. 20% of overweight and obese people in the U. S. have lost weight successfully.

- 89% lost weight by combination of diet and exercise. Only 10% lost and maintained by diet alone. 1% lost by exercise alone

- No single ‘diet’ nor weight program showed greater success. Most did use some type of restriction in the amount of food consumed. Some restricted calories (1300-1500 calories/day), some fat grams, etc.. Some chose pre-packaged foods. Some (especially females) chose formal programs.

Motives for losing weight varied. Health, lifestyle, and emotional were common reasons for losing weight. For those most successful in maintaining weight loss:

- Eating a low-fat high carbohydrate diet
- Eating breakfast almost every day
- Frequent self-monitoring of weight
- Participation in a high level of physical activity

- Patients self-monitored their weight regularly, at least once weekly. This could include weighing on a scale and daily wearing of fitted clothing.

Physical activity accumulated to 60-90 minutes of moderate intensity activity daily. This equates roughly to 2500 -3300 calories expended per week. Only 9% reported maintaining weight without physical activity. Most common was walking – 11,000 – 12,000 steps daily (5.5 - 6 miles daily)

Participants by gender are 80% female and 20% male; aged 44-49 years. Most gained their excess weight early in life. Half of the participants had one overweight parent and ¼ had both parents overweight. Most had tried multiple diet attempts prior to finding what worked for them. Average weight loss was 66 lbs maintained over 5 years.

National Weight Control Registry is a data bank for those people who have successfully lost over 30 lbs and maintained that weight loss over at least one year. Enrollment is voluntary.

To enroll: www.nwcr.ws

